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IN REPLY REFER TO

09MD
8 Apr 2002

From: Director, NAVFACHQ Medical Facilities Design Office
To: Distribution List

Subj: BRANCH MEDICAL/DENTAL CLINIC, QUANTICO POE REPORT

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Joanne Krause
JOANNE KRAUSE

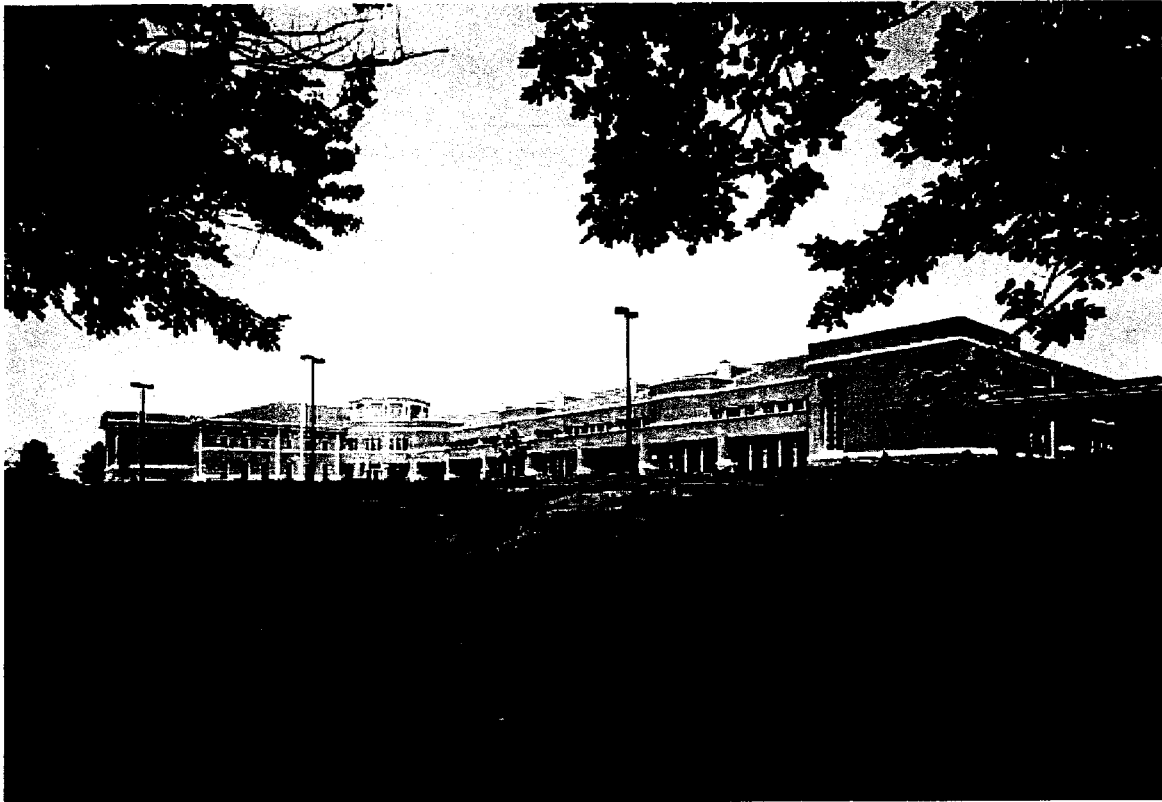
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POST OCCUPANCY EVALUATION REPORT



BRANCH MEDICAL/DENTAL CLINIC QUANTICO, VIRGINIA

PREPARED BY: NAVFACHQ MEDICAL FACILITIES DESIGN OFFICE

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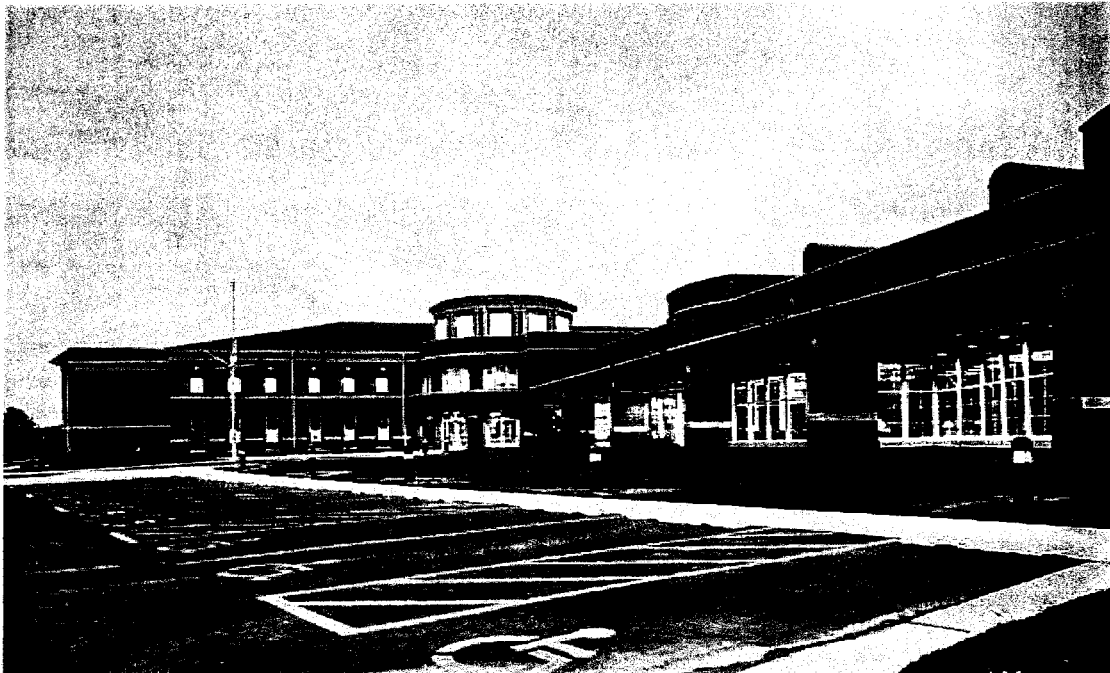
SECTION 1 INTRODUCTION

The Post Occupancy Evaluation (POE) of the Branch Medical/Dental Clinic was conducted April 16-17, 2001.

Post Occupancy Evaluations are performed to generate constructive feedback on a recently completed construction project. The information will be studied to update planning and design criteria, improve equipment specifying and purchasing procedures, and provide more functional design layouts with enhanced space utilization for future facilities.

Participants included personnel from NAVFACHQ/MFDO, BUMED, EFACHES, EFACHES ROICC, SOUTHDIV, LANTDIV, HSO Norfolk, HSO Jacksonville, NMCL Quantico and the architectural/engineering firm of record Sherlock, Smith and Adams, Inc. See complete list next page.

All of team members are to be commended for making the POE visit and evaluation process a success. LCDR Craig Burton, LT Kathleen Blakey and the clinic staff were very helpful in arranging schedules and meeting with the Team members to discuss the clinic and its functions. Tom Yancoskie and SSA provided in-brief documentation and presentations. Louise Sheridan and Lt Eric Lubeck are also to be commended for their help with photography.



Picture 1

TEAM MEMBERS

BRANCH MEDICAL/DENTAL CLINIC PERSONNEL

LT Kathleen M. Blakey	(Green Team)
Ken Holcomb	(Blue Team)

NAVFAC PERSONNEL

Joanne Krause, MFDO	(Red Team)
David Kiefer, ROICC EFACHES	(Red Team)
Louise Sheridan, SOUTHDIV	(Red Team)
Tara Henderson, MFDO	(Blue Team)
Ed Gauvreau, MFDO	(Blue Team)
Lena Shealayno'sun, EFACHES	(Blue Team)
Michael DunGan, MFDO	(Green Team)
Richard Effler, MFDO	(Green Team)
Joe Cuccu, LANTDIV	(Green Team)

BUMED PERSONNEL

LCDR Tom Yancoskie,	(Red Team)
LT Scott Rossi	(Red Team)
Sharon Hines	(Red Team)
Fred Webb	(Green Team)

HSO PERSONNEL

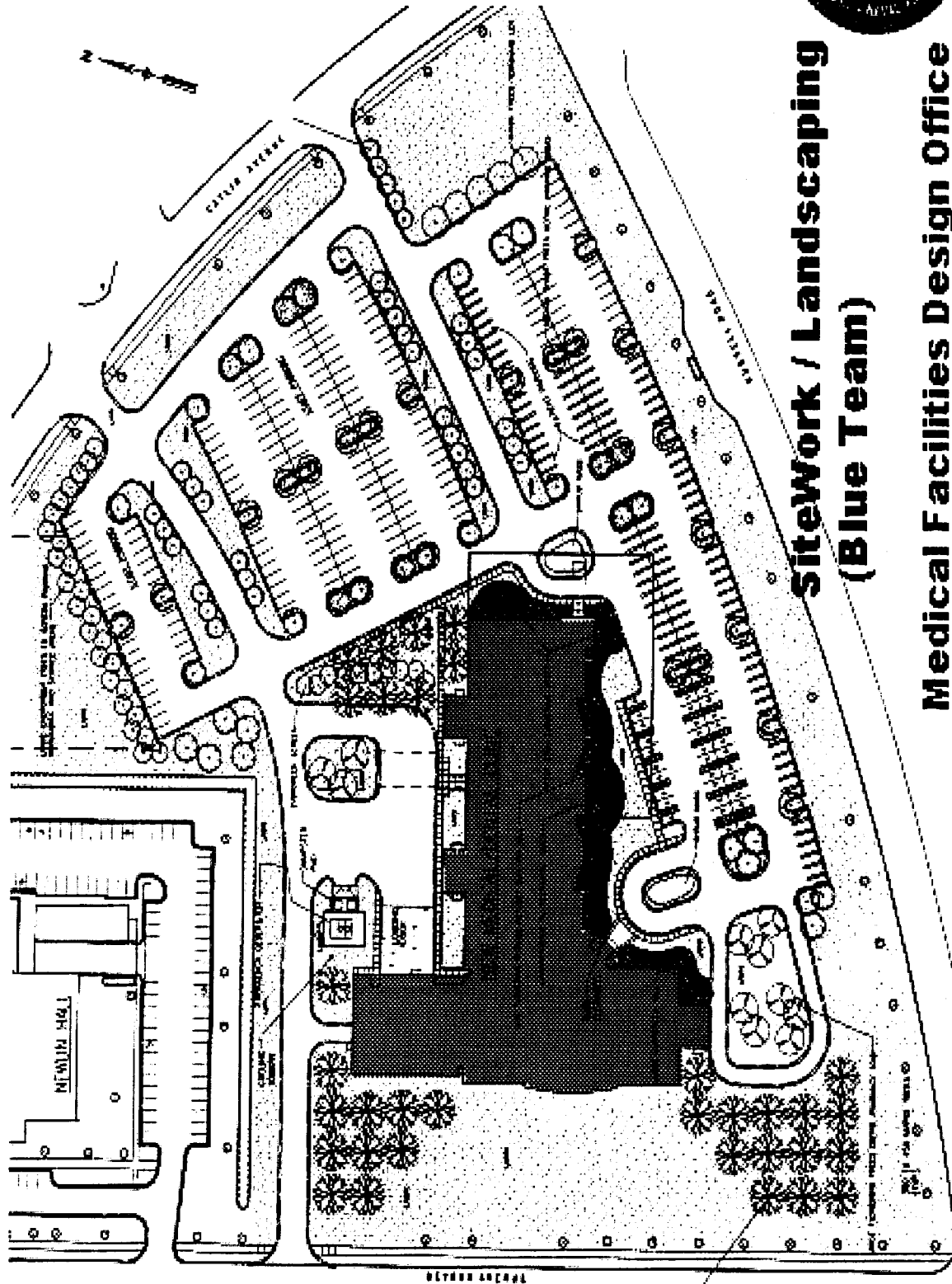
Robert Cardona, HSO Norfolk	(Red Team)
LCDR Pete Prescott, HSO Norfolk	(Blue Team)
LT Eric Lubeck, HSO Norfolk	(Green Team)
LT William Henry, HSO Jacksonville	(Green Team)
Tony Lewis, Consultant with HSO	(Blue Team)

ARCHITECTURE FIRM PERSONNEL, SSA, INC.

Gary Mutschler	(Red Team)
Robert Duffee	(Blue Team)
James Meacham	(Green Team)

SECTION 2 OVERVIEW BUILDING PLANS

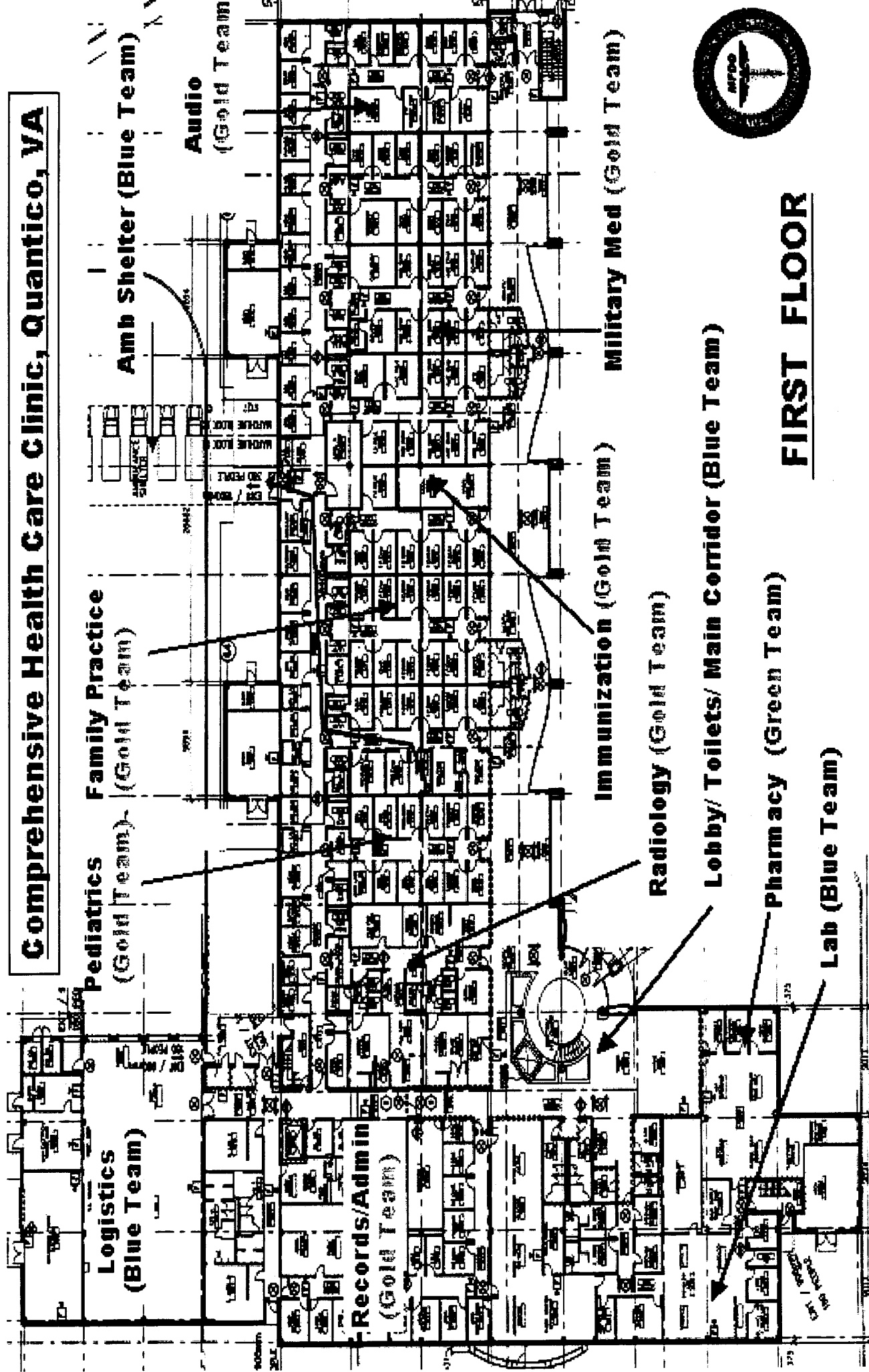
Comprehensive Health Care Clinic, Quantico, VA



**SiteWork / Landscaping
(Blue Team)**

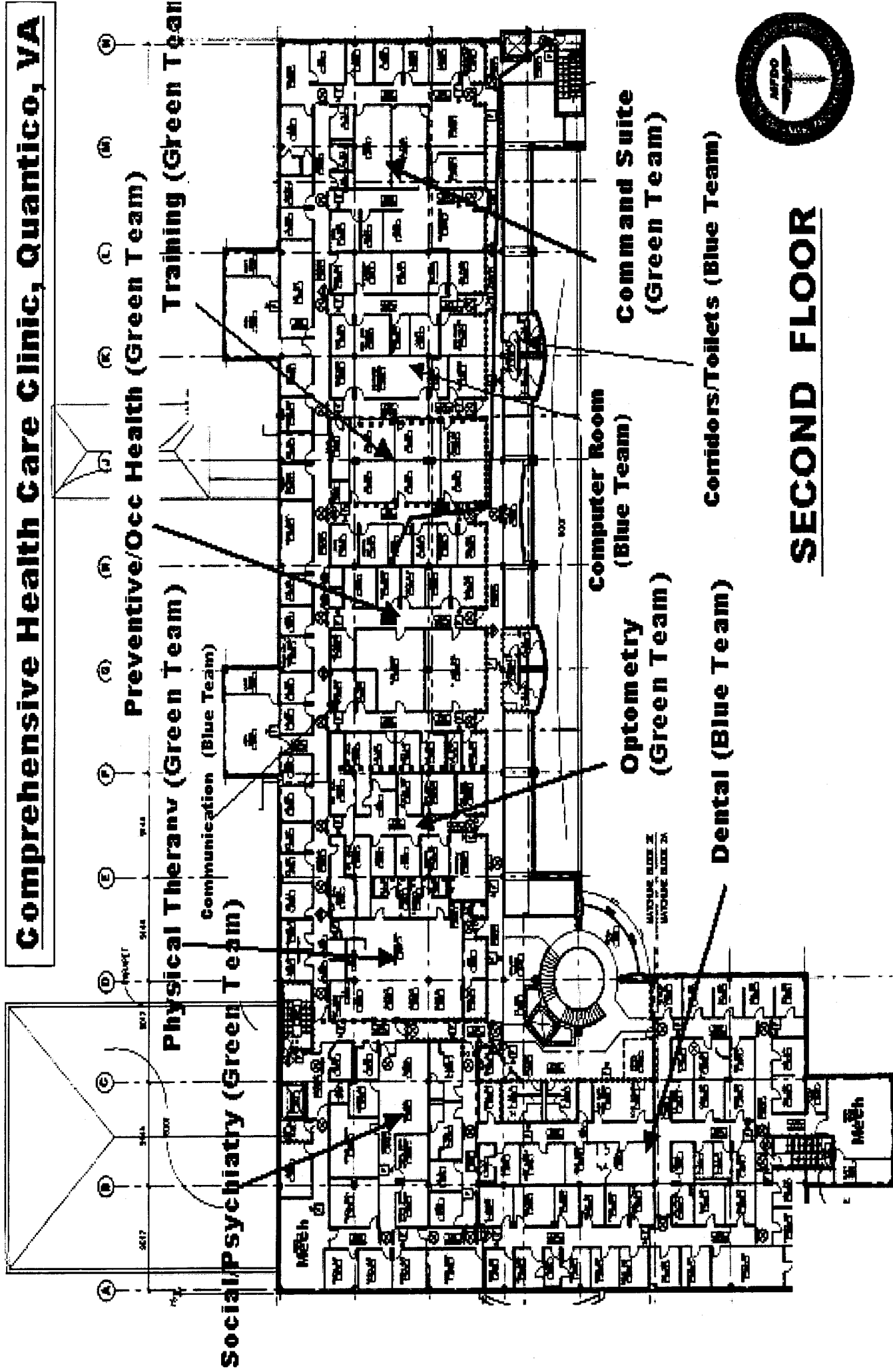
Medical Facilities Design Office

Comprehensive Health Care Clinic, Quantico, VA



FIRST FLOOR

Comprehensive Health Care Clinic, Quantico, VA



SECOND FLOOR

SECTION 3 PROJECT DESIGN OVERVIEW

General Information

This FY98 project provides Medical and Dental care to Navy and Marine Corps staff and dependents.

This project is a 100,244 GSF (gross square foot) replacement of a former vintage facility. The construction was awarded in July, 1998 to Barclay White / Coakley Williams Construction, Inc., a joint venture, for approximately \$19,640,000.00

The new two-story brick facility is located on Barnett Ave just off Dunlap Circle on Marine Corps Base, Quantico, Virginia. Supporting facilities include parking spaces, landscaping and ambulance shelter.

The new facility includes services for medical and dental clinic such as Military Medicine, Family Practice, Pediatrics, Ophthalmology/Optometry, Preventive/Occupational Medicine, Psychiatry/Social Work and Physical Therapy. Ancillary services include Pharmacy, Radiology, and Pathology. In addition to General Dentistry treatment rooms, specialty rooms include those of Oral Surgery, Periodontics and Prosthodontics. Command Unit, Administration and Reception/Waiting are also provided in the facility. The clinic includes a total of 20 departments.

Scope:

Navy Medical/Dental Clinic	
First Floor and Ambulance Shelter	57,233 GSF
Second Floor	43,011 GSF
Total	<hr/> 100,244 GSF

Construction Cost

Navy Medical/Dental Clinic/ Ambulance Shelter/ Energy Building Bid Price	\$16,761,000
Modifications (6.6%)	\$ 1,179,000
Total	<hr/> \$17,940,000

Construction Period:

Award date:	7 July 1998
Substantial Completion Date:	15 May 2000

Landscaping and Irrigation

All landscape areas were designed to blend in with the surrounding elements and compliment the overall plan of the Marine Base. Formal tree lines were maintained and grass areas are natural extensions of existing lawns. Trees, shrubs, and groundcovers are naturally indigenous to the site.

Civil Design

The location of this clinic was established by a site study done in 1994. The site is bounded on the west side by Meyers Avenue, on the North and East by Catlin Avenue, on the South by Barnett Avenue. The site is adjacent to Dunlap Circle and the parade grounds of LeJeune Hall. A covered ambulance shelter for five vehicles is just north of the building. All utility lines and connections were located in the adjacent streets.

Roads and Parking

Access to the Clinic is via Catlin Avenue or Meyers Avenue (Both of these street intersect Barnett Avenue.) On site parking lots are available. Three hundred thirty nine parking spaces (of which thirty are reserved as disability parking and four for disability van parking) are provided. Access to loading and service areas are north of the new clinic off of Meyers Avenue.

Architectural Design

This project is a two story steel structure with brick facing and hipped roof. There are secondary roofs that are gabled and/or flat. The architecture is of a Georgian style that is prevalent throughout the Quantico Marine Base. The Georgian style is carried throughout the building in brick detailing, window treatment, columns, and other architectural features. The building floor plan is arranged as a "T" shape. The "T" consists of two major wings with the entry and lobby area meeting at the Southeast junction of the two wings. There is a secondary entry at the East end of the East Wing. Utility services and an ambulance shelter are located on the North side of the building. Physical Therapy, Mental Health, Preventative Medicine, Optometry, Dental, Military Medicine and Command suite are located in the second floor with all other services on the first floor.

The project complies fully with UFAS as well as ADAAG and conforms to the latest editions of the National Fire Codes, NFPA 101 Life Safety Code and the Uniform Building Code.

Interior Design

The approach to color and material selection were chosen to compliment the Georgian style and coordinate color and texture. Windows provide an exterior view of the surrounding landscape from public spaces and contribute to a therapeutic environment by reducing feelings of isolation and boredom. Finishes were chosen with long-term durability and ease of maintenance in mind.

Structural Design

The structural system of the clinic consists of steel columns, steel beams and girders composite with three inch deep steel deck and two and one half inches of normal weight concrete fill. This system has a proven record of allowing for flexibility with future changes. The foundations for this structure consist of spread footings. The two-story structure has floor heights of sixteen feet. The elevators serving the clinic are hydraulic with pits below the slab. Exterior walls are brick veneer. The hipped roof for the Clinic consists of prefabricated cold-formed steel trusses. The roof is clad in shingles.

Heating Venting and Air Conditioning

The HVAC system in the clinic consists of a variable air volume reheat air system. Areas that have special pressure relationships, such as dental surgery and lab, are provided with constant volume boxes. An economizer cycle is provided to produce "free

cooling" when the outside air temperature allows. Mechanical spaces are ventilated by wall mounted and inline exhaust fans and heated by horizontal steam unit heaters.

Chilled water is provided by two rotary water-cooled chillers and induced draft cross flow cooling towers. Hot water reheat coils provide heating for the facility. Hot water is produced using the base central steam system. A steam converter in the main mechanical room generates the hot water for reheat coils. Steam at approximately 100 psi enters the facility from the base steam distribution system. The steam pressure is reduced by a pressure-reducing valve in the main mechanical room. The lower pressure steam is used to produce heating hot water and domestic hot water.

Temperature Controls

Temperature controls are direct digital controls (DDC) for all control logic with electric control actuation. DDC controls are provided for the AHU and other major equipment. A portable monitoring device was also provided for field personnel.

Plumbing / Storm Sewer / Dental Air / Lab Air

A 6" domestic cold water line enters the building from the north into the main mechanical room. An 8" fire water line also enters the building from the north side of the site. Domestic hot water is generated from a steam fired water heater in the main mechanical room.

The clinic is provided with centrally piped medical air, dental air, medical vacuum, oral evacuation, and oxygen systems. The oral surgery areas are provided with localized compressed nitrogen systems for driving surgical tools.

Fire Suppression Systems

An automatic wet pipe sprinkler system was provided throughout the facility. The building is classified as light hazard, ordinary hazard group 1, and group 2. There is an addressable electrically supervised zoned fire alarm system with horns and stroboscopic lights. There are smoke detectors in air ducts. The systems were designed in accordance with NFPA and MIL-HDBK-1008B. Fire Hydrants are located around the perimeter of the site.

Electrical Systems

One primary feeder that carries the full demand of the facility plus a 20% spare load growth capacity provides the electric service for the Clinic. The primary originates from

the "stadium substation" and terminates at a secondary 1500 KVA substation on site. All panel boards are located in electrical closets in the clinic.

Interior lighting for the building is primarily fluorescent. Fluorescent down lights with dimmable ballast were used where dimming was required. Parabolic fixtures were also used in some public areas. 32 watt, T-8 lamps with electronic ballasts were generally used on all fluorescent fixtures. All lighting levels are based on the requirements contained in MIL-HDBK-1191. Grounding was provided as per NFPA and MIL-HDBK 1191. Emergency lighting was supplied by battery operated emergency lights and battery backup fire exit lights with emergency down lighting. Exit lights are LED type A.

Exterior area lighting fixtures are High Pressure Sodium that turns on at dusk and off at dawn.

Communication Systems

The Medical/Dental facility has a telephone system consisting of dual modular eight pin jacks and two 4 pair cables. One modular jack is wired for telephone use and the other for data use. The cable is Category 5 wiring and provides for both voice and data transmission. A 100 pair backbone wire and cable assembly runs in the communications cable tray from the main communication room to all of the communications closets.

SECTION 4 EXECUTIVE SUMMARY

The overall architectural design of the Building has been well received by the Quantico Marine Base community. All areas of the building are functioning within or above their planned parameters.

There were minor areas of coordination, planning, and construction that need to be addressed to further improve future designs. Of particular note, one problem addressed by the Post Occupancy Team was the change in functional relationships of some areas /rooms just prior to construction completion. Fortunately, with the Navy's built-in flexibility (i.e. the use of standardized room square footage and plumbing wall boxes) this change was accommodated within the existing design and represents a design success story.

Immediately following this executive summary is a presentation by Lt. Tom Yancoskie, BUMED, Health Facility Planning and Project Officer addressing planning issues and lessoned learned.

Following that is a listing of all the comments submitted by POE team members. As well as the comments submitted by the Clinic staff prior to the POE. Most comments were transcribed from original hand written material and have been repeated/edited if they contained elements relevant to more than one discipline. Each comment is followed by *Clinic Department, Room Name/Number, and Team*. Please note that the room number is not always provided and some areas/comments are listed as "General. "

The comments are divided into the following categories: functional planning and programming; equipment; civil/landscaping; architectural; mechanical; fire protection; electrical; communication and data; constructability and maintainability; and pre-POE staff comments.

Each section contains a summary addressing the main concerns expressed in the comments.

SECTION 5 BUMED, HSO PRESENTATION

Planning Phase

- **August 98 - HFPPO on board with Barclay White/Coakley and Williams Construction, Inc. A joint venture firm specializing in Healthcare Construction.**
- **Ground Breaking - August 13, 1998**
- **HFPPO begins equipment review (\$5,900,000) with staff to verify accuracy.**

Challenging Evolutions

- **Assignment of all keys and telephone numbers for distribution**
- **Maintaining the continuity of care without a break in service during a weekend physical relocation**
- **"DRMOing" all excess equipment**

Lessons Learned

- **Communication = Success.** "Take care of the little things and the big things will take care of themselves."
- **IRMD computer room** required additional space w/ac ventilation. Main telephone closet had to be extended to accommodate all equipment.
- **Plan appropriately** for future operating expenses.

Lessons Learned (cont.)

- **Pharmacy telecommunication flaws.** (Driveway, speakers, height of window etc)
- **Check all computer drops early** in the design process. Major changes were needed.
- **Command had to switch to the new TRICARE Blue Team/Gold Team concept** on very short notice prior to the opening of the new clinic.

SECTION 6 FUNCTIONAL PLANNING AND PROGRAMMING

SUMMARY

The Lobby and circulation patterns were well received. Space provided for mechanical and electrical equipment was also deemed suitable.

The programming/planning for this project needed minor adjustments from the original Program for Design just prior to construction completion due to changes in business practices, such as Records in transition from "PCM by Name" to "Blue / Gold Team." This TRICARE transition created an influx of records and changes not originally in the scope of this clinic.

There was a recurring request for more conference areas and/or meeting rooms and staff lounges. There was also a need for more storage space in pharmacy, records and laboratory areas.

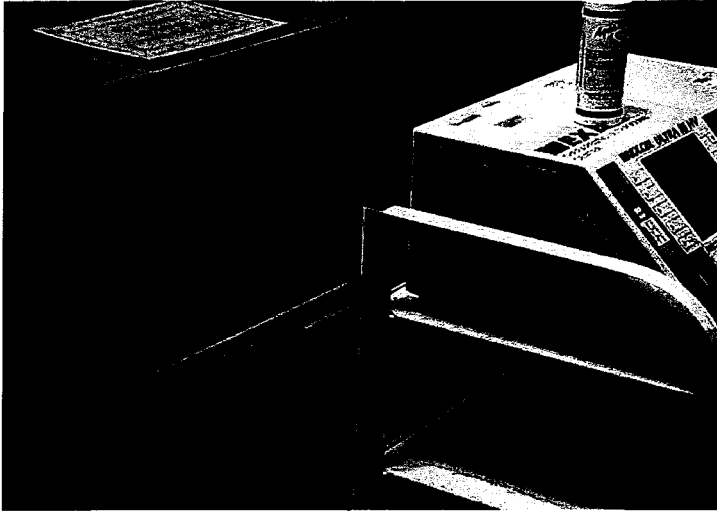
The optometry waiting room appeared undersized for the number of patients present on the day the POE was conducted. It was determined however, that unusual scheduling was as much a factor of this situation as was room size.

One bay of the ambulance shelter was being used on a temporary basis during the summer as an area to treat patients with heat exhaustion associated with physical training on Base. The large number of recruits requiring this service had not been planned for.

Storage for exterior maintenance equipment was needed and added via an exterior storage shed just after construction completion.

COMMENTS

1. Makeshift hot pack area was needed; ice machine is not used. Electric stimulator in front of ice machine. *Physical Therapy - Green Team*



Picture 2

2. Stocking space is insufficient. Staff lounges too small, used for storage. *Pharmacy - Green Team*



Picture 3

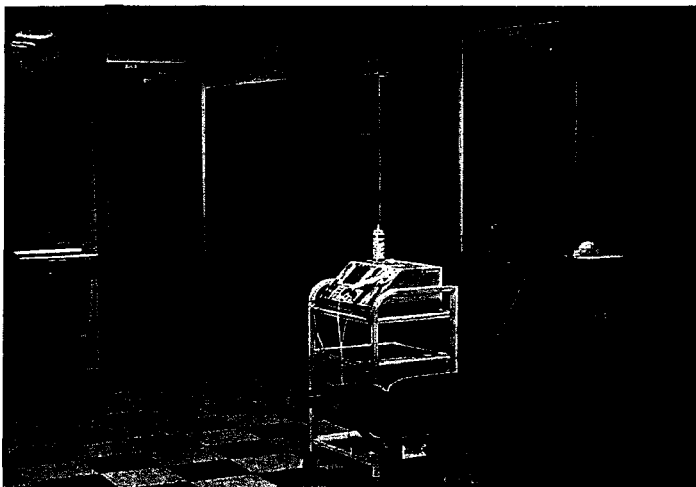
3. Supply space and admin space needed. *Pharmacy - Green Team*



Picture 4

4. More space for shelving *Pharmacy - Green Team*
5. Space cramped and consultation area removed. *Pharmacy - Green Team*
6. Too much staff for pharmacy; 3 pharmacist and 9 technicians. *Pharmacy - Green Team*
7. Lab too small. *OCC HLTH/PREV, IH Lab 2D34 - Green Team*
8. Soil utility alcoves are wasted; would rather have space in exercise station room, 2D07. *Physical Therapy, Soil Utility Alcoves 2D09/2D10 - Green Team*
9. Separate storage room for reefers and rechargers. *OCC HLTH/PREV MED, Storage - Green Team*
10. Size OK. *MID, Server Room 2H09/2H10 - Green Team*
11. Clerks created lounge from open office. *Command Suite, Personnel - Green Team*
12. Secretaries were moved into office space to avoid labor issues. *General - Green Team*
13. Space was entirely redesigned and laid out by staff. *Dental, Central Sterile Room 2B13 - Blue Team*

14. Should have made communications rooms and mechanical rooms smaller for better use of space. *General, Planning - Blue Team*
15. Waiting room too crowded. *Optometry, Waiting Room - Green Team*
16. Two-person secretary area is new. No shower in CO's head. *Command Suite, Administration - Green Team*
17. Two labs could be combined into a single room plus a storage area. *OCC HLTH/PREV MED, General - Green Team*
18. Location of the CO's office was questioned. It seems like it should have been on the corner of the building. Secretary/waiting area seems too large. *Command Suite, CO's Office - Green Team*
19. No canopy for drive-thru. No dedicated lounge space. Large question--Is drive-thru acceptable with new force protection rule. Pharmacy is undersized for staff and workload and drive-thru (3 military (2 contractor) pharmacists, 9 techs, 1 volunteer). *Pharmacy - Green Team*
20. This room was converted to central appointments for TRICARE. Personnel must transit department for entry. *Mental Health, Psych Tech Room - Green Team*
21. No storage area dedicated—Shelving located in treatment area. *Physical Therapy - Green Team*

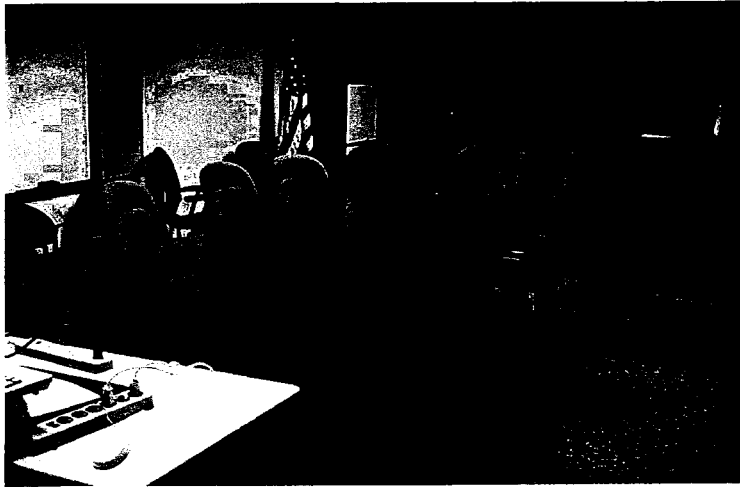


Picture 5

22. Size is ok. *MID, Server Room 2H09/2H10 - Green Team*
23. Personnel clerks made lounge in open space. *Command Suite, Administration - Green Team*

24. CO/XO/Secretary should have been reversed. *Command Suite, Administration - Green Team*

25. CO's conference room functions well and sized adequately. Labor union required secretaries to have separate offices. Bullpen seating was undersized. Also, the area is compromised with back door circulation to mailroom. *Command Suite, Administration - Green Team*



Picture 6

26. Check to see if security requested on mail/copy room. *Personnel, Mail/Copy 2J09 - Green Team*

27. Command wants to convert male head to break room and convert female head to unisex. *Command Suite, Toilet - Green Team*

28. Computer server room was converted from communication room and media info room. Combined for 22 servers (20'x12'). Added air conditioning. *Education and Training, Server Room 2H09/2H10 - Green Team*

29. Storage area is tight. Drive-thru canopy would be nice. *Pharmacy - Green Team*

30. Have curtain track but no plumbing stub out. *Mental Health, Providers Office - Green Team*

31. Room is too small for two blood draw stations. If reclining, blood draw chair is needed; it must be brought in from a separate storage area (with reception rooms) and takes up most of the blood draw room thus precluding any other patients. *Laboratory, Blood Draw Room 1B06 - Blue Team*

32. Size of original staff lounge (2B08) wholly inadequate for 35 member dental staff to eat lunch. Room 2B07 was combined but still creates an unacceptable situation. Also space is not large enough for all staff training held weekly.
Dental, Lounge 2B07/09 - Blue Team
33. Records currently placed at corridor location and this was written up as unsecured information. *Military Medicine, General - Gold Team*
34. Lack of conference rooms. How can 12 departments possibly share 2 conference rooms? This doesn't even take into effect the numerous mandatory committee meetings. *General, Conference Rooms - Gold Team*
35. Need break room (added tables to each lunchroom). *Records - Gold Team*
36. Planning lesson--some patients withheld records until occupancy. Too little storage for actual numbers. *Records - Gold Team*
37. Records were in transition from "PCM by Name" to "Blue/Gold Team." This TRICARE transition created an influx of records and clinic wasn't prepared. Major commands are being assigned to the base and Records wasn't prepared for the increase. Major lack of shelving. PRIMUS is not seeing "TRICARE standard" and now the Records Department needs to make room for them.
Records - Gold Team
38. Need room for growth. No break area. *Records - Gold Team*
39. Film files appear to be undersized or facility is trying to store records that do not need to be stored. *Radiology, 1F20 - Gold Team*
40. Room does not have dedicated toilet. A door gasket & door drop bottom would help improve acoustics. Room appears to have been added to PFD after design started. *Radiology, Ultrasound 1G10 - Gold Team*
41. "Make-due" break areas. No place to really eat in departments. See people eating off of brick planters. *Records - Gold Team*
42. Converted staff lounge. Low TV a hazard to those in chairs. *Pediatrics, General 1F24 - Gold Team*
43. Hard to find meeting room for department. *Immunizations, General - Gold Team*
44. Shortage of patient parking. *Immunizations, General/Parking - Gold Team*

45. PFD doesn't call for eye lane in Peds. Hang charts in hallways on wall or pictures and tape word on floor for the 20'. Suggested to provide B-MET equipment in a room instead. *Pediatrics, General - Gold Team*
46. Not enough Parking; need to keep non-patients out of lot. Had a patient come up and tell front desk they couldn't find parking so canceled appointment. *General, Parking - Gold Team*
47. Don't like to share staff lounges. Several exam rooms changed to staff lounges. *General, Lounges - Gold Team*
48. Adding a heat deck out back. *General, Program - Gold Team*
49. Throughout the building there are a considerable number of bathrooms. As a cost saving measure, suggest fewer bathrooms and make the remaining bathrooms larger. *General, Toilets - Gold Team*
50. In doing facility utilization studies on older military facilities, this facility appears to be in very good shape from an overall planning, design and construction success. It seems to satisfy the functional requirements and any deficiencies and shortcomings are minimal and manageable. Artwork was nice; colors/finishes well coordinated. *General, Planning - Gold Team*
51. Exam rooms for each provider are great. *General, Exam rooms - Gold Team*
52. Planning/PFD's--Recommend that general areas such as public/staff toilets, lockers for staff, break rooms, lounges; be placed in PFD as an overall building item and not in each functional group. *General, Planning - Gold Team*
53. Blue/Gold teams make no sense. *General, Planning - Gold Team*
54. Family Practice Doc: Problems. Records-recommend clinic hold records. *Family Practice, Planning and Program - Gold Team*
55. This room was designed as a janitor's closet and has been turned into a liquid nitrogen storage room. This room also has sheet vinyl floor, why? *General, Closet 1K43 - Blue Team*
56. No server room was planned for this clinic. The server room was created from two smaller rooms and additional air conditioning had to be added. *MID, Server Room 2H09/2H10 - Blue Team*
57. This room has been converted into a two-person office to support contract dentists who were not given offices. *Dental, Clean Linen 2C03 - Blue Team*

58. Clean side should be larger while dirty side should be smaller. *Dental, Central Sterile Room 2B13 - Blue Team*
59. We need collectively to recreate the methodology with which we calculate parking. The multiplier for staff and patient parking needs review. More than 59% of the staff drives to work. *Exterior, Parking - Blue Team*
60. Blood draw room needs additional square footage. Approximately 150 SF (+/-) total to accommodate recumbent draw chair. *Laboratory, Blood Draw 1B06 - Blue Team*
61. Offices were provided for the department heads. No office space was provided for contract dentists. Users have made a clean linen room into an office space for the contract dentists. *Dental, Offices - Blue Team*
62. The specimen receiving room has been turned into a lounge and the specimen storage room has been turned into a lab supply office. *Laboratory, General 1B03 and 1B02 - Blue Team*
63. Microbiology lab appears to be oversized. All the space in this room is not being utilized. *Laboratory, Microbiology 1A08 - Blue Team*
64. Offices originally intended for logistics were given to TRICARE when they moved into the clinic. The logistics personnel now have offices in the noisy warehouse area. *Logistics, Offices - Blue Team*
65. Caged "medical" storage is crowded. Users are trying to switch the larger dental area for the smaller medical caged area. It should be noted that the medical caged area is full of equipment that is headed for DRMO. *Logistics, Warehouse - Blue Team*
66. The lounge size is inadequate for a staff of 35 people. The locker rooms are also too small. The users have added lockers to the female staff toilet room. *Dental, Lounge - Blue Team*
67. This room is too small. It is approximately 120 square feet. It is very full of large furniture (I.e., large desk, book case, credenza, 3 chairs). *Dental, Branch Director's Office 2B06 - Blue Team*
68. The users have added a storage locker and a portable eyewash station to this room. The eyewash station cost approximately \$9000. The distribution and number of hazardous storage areas may need to be re-examined. Other locations have also been changed from their original function to store hazardous material. *Logistics, Hazardous Material Room 1D09 - Blue Team*

69. Users have purchased a shed to hold their snow blowers, leaf blowers, extra materials such as tiles, etc. because they had no place to store them. *Logistics, Shed - Blue Team*
70. One bay of the ambulance shelter is going to be converted into an area to treat patients with heat exhaustion. On occasion, they have multiple patients (8) at the clinic with heat exhaustion at the same time and no where to treat them all. *Exterior, Ambulance Shelter - Blue Team*
71. Strongly investigate walk-in refrigerator requirements during planning. In this day of "just in time" supply, a commercial refrigerator would suffice. *Logistics, Warehouse - Blue Team*
72. Room has 6 workstations in a tight space. *Mental Health, Phone Appointments 2C13 - Green Team*

SECTION 7 EQUIPMENT COMMENTS

SUMMARY

The combination wallboards, half white board and half tack board, were very much liked by everyone as a good and flexible message center. Optometry especially liked the visual acuity provided by the "slit lights" and the Franklin desk, which provided them with an integral sink and computer station.

Pharmacy comments ranged from the full floor foam anti-fatigue mats that they believed should become a part of MCLO budget, to storage shelves that were too high in some cases.

Waiting areas received a lot of complaints in regard to the placement and location of televisions on wall brackets. It was suggested that moveable stands might have offered more flexibility.

Dental comments included a request that equipment and casework receive better coordination. This comment was substantiated by comments that the counter heights and depths did not always match functional requirements. (i.e. darkroom developer wouldn't fit on counter) The dental staff also wanted two autoclaves (one for backup capacity) and one swing light in the DTRs instead of two.

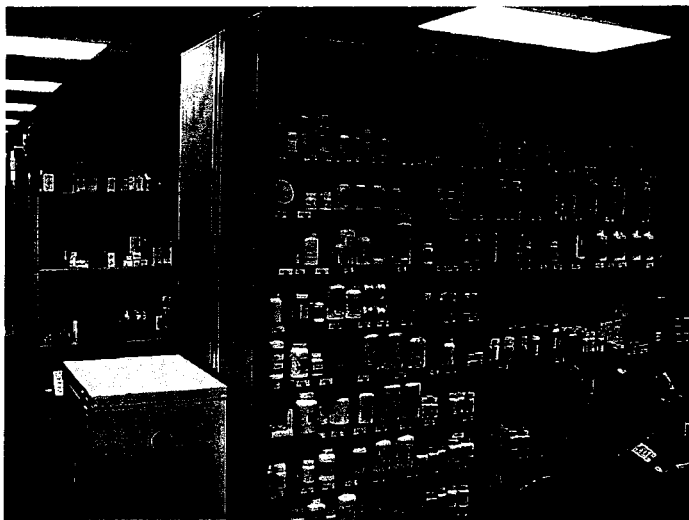
X-ray rooms were noted as looking very nice; wires/cables/ industrial looking equipment well concealed, however, the table and chest bucky were too close. Other comments included: Rad tube head hits table and cannot be lowered enough to accommodate a child, the emergency "kill switch" should be located inside the control room behind the lead shielding and the X-ray darkroom bin was not large enough.

In the audio suite, the audio booth door doesn't fully swing open before hitting the wall and the booth was not handicapped accessible. Also, the hearing jacks were placed on the wrong side of booth.

Other general comments mentioned by the users were difficulties with the Castle Sterilizer, the Miele Thermal Disinfector is still not being used, (they cannot get it to function properly), the lab freezer did not need double doors and there were no locks on male and female staff lockers.

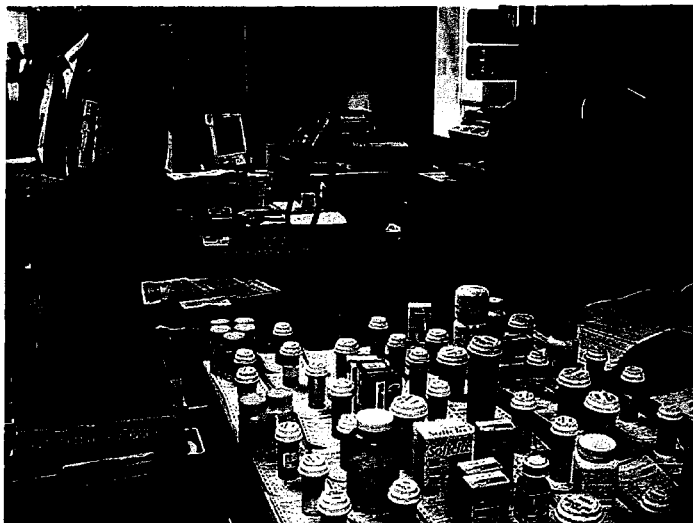
COMMENTS

1. Incorporate a combined instrument center manufacturer: Welch Allyn (see photo).
OCC HLTH/PREV MED, Exam Room 2F05 - Green Team
2. Baker cells are not durable. *Pharmacy - Green Team*
3. Storage shelves appear to be too high; less than 18" from ACT/fire sprinkler head.
Pharmacy - Green Team



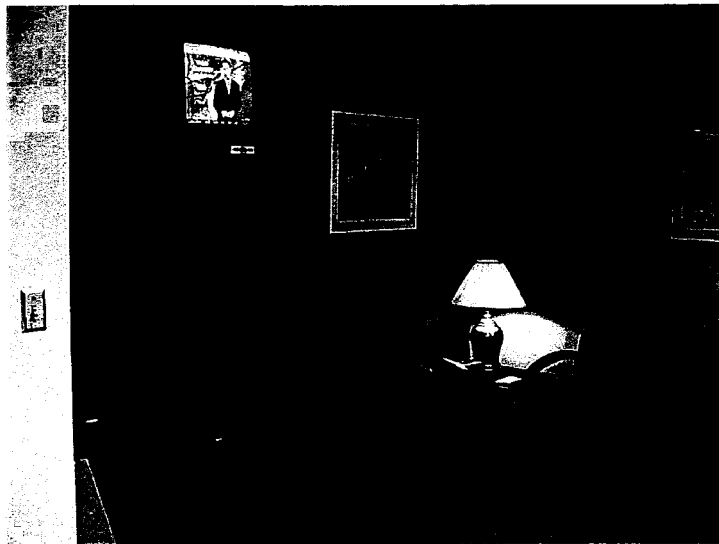
Picture 7

4. Anti-fatigue mats should be part of MCLO budget. *Pharmacy - Green Team*
5. Limited pill dispensary. *Pharmacy - Green Team*



Picture 8

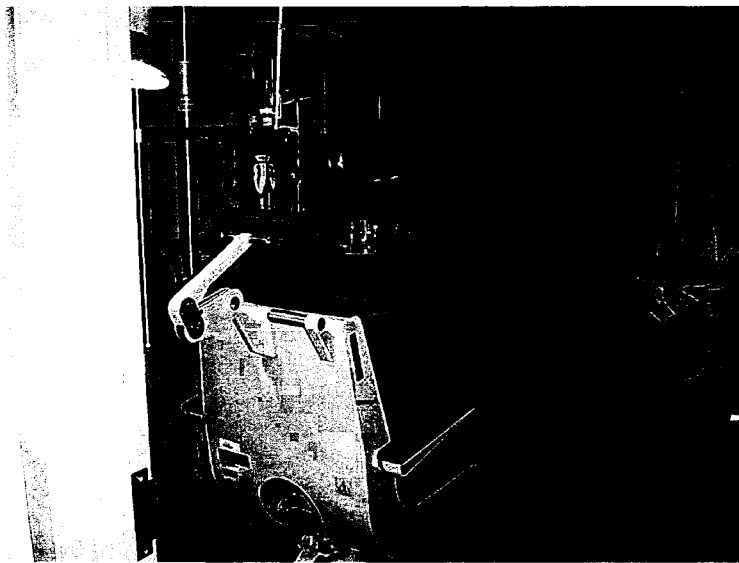
6. Prefer modified pod system. *Pharmacy - Green Team*
7. C-cart far from wall on drive-thru. *Pharmacy - Green Team*
8. Freezer has double door but not needed. *Pharmacy - Green Team*
9. C-carts in drive-thru window should have been mobile vs. needing special mobile attachment; they are moved daily. *Pharmacy - Green Team*
10. TV in waiting area right over chair and not in corner. *Mental Health, Waiting Room - Green Team*



Picture 9

11. "C" shaped desk and seats desired. Desks turned around as such some have safety/walking space issues. Put skinny training tables instead of individual chair/table. Took out TV's in center room. Bulletin boards were not provided; provided by command. *Education and Training, Classrooms - Green Team*
12. No locks on male and female staff lockers. *Physical Therapy, Male and Female lockers 2D17/2D19 - Green Team*
13. Too many storage cabinets and no where to put them. *Physical Therapy, Exercise Station 2D07 - Green Team*
14. Want chair in each exercise station to train spouse on exercise. *Physical Therapy, Exercise Station 2D07 - Green Team*
15. Someone a changed brand of equipment after what to be procured was ID'd (e.g., treadmill needs side rails; the upper extremity bike cube seat not adjustable, nor are arms adjustable). *Physical Therapy, Exercise Station 2D07 - Green Team*

16. The anti-fatigue mats were CAT C. *Pharmacy, Drive-Thru - Green Team*
17. Need more storage space for keys, to include larger narc. Locker. *Pharmacy - Green Team*
18. Clothing hoops/chairs in cubicles. Total gym vs. universal equipment. *Physical Therapy - Green Team*
19. Missing paper towel dispenser. Happy with consuls, eye lanes and slit lamp. *Optometry, General - Green Team*

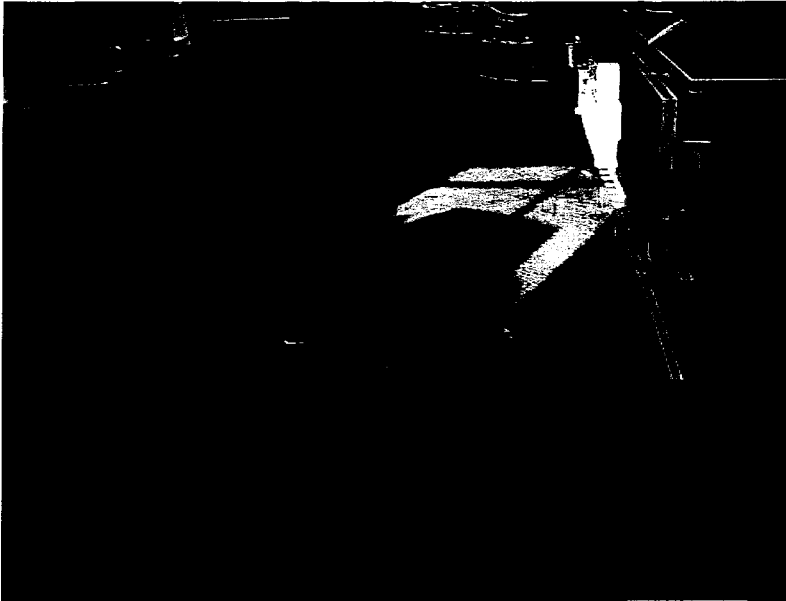


Picture 10

20. I/H and Occupational Health lab with reefers were not the ones designed. *OCC HLTH/PREV MED, General - Green Team*
21. Numerous small reefers, a problem
22. Equipment and casework need better coordination; counter heights and depths do not match functional requirements. Two autoclaves needed rather than one, no backup capacity. *Dental, Central Sterile Room 2B13 - Blue Team*
23. Prefer one swing light instead of two. Has nitrogen driven surgical tools. These are preferred to electrical driven because electrical is more expensive and breaks twice as often. *Dental, Oral Surgery 2B03 - Blue Team*
24. Like dual caulk/white board. Modular sink like Portsmouth not recommended. *OCC HLTH/PREV MED, General - Green Team*

25. CO/XO furniture as designed did not fit. XO--some old items brought over. CO's secretary doesn't have matching furniture. Coffee/food mess area--desired to turn one bathroom into it. Conference room--want to mount projector in ceiling.
Command Suite, CO/XO Office - Green Team
26. Ceiling mounted TV bracket places TV over chairs in waiting area, very unsafe. This has occurred in other areas of the building. *Mental Health, General - Green Team*
27. The reefers in the labs are much larger than designed for. *OCC HLTH/PREV MED, General - Green Team*
28. Rooms have ceiling mounted TV sets that are mounted in the wrong place according to plans although they would obstruct the projection screens if mounted as shown on plans. There is "too much" going on in these rooms. *Education and Training, General 2G25/2G29 - Green Team*
29. Need clothing hooks in cubicles for patients; also extra chair for family member. Treadmill has no side rails. Upper extremity bike does not adjust. Prefer "total gym" to universal machine. *Physical Therapy - Green Team*
30. Franklin desk has sink and computer station. Eye glasses storage located in sub waiting area. *Optometry, General - Green Team*
31. Most offices prefer not to have back-to-back workstations. *Education and Training, Offices - Green Team*
32. Many personnel have individual small reefers; these should be eliminated.
Command Suite, Administration - Green Team
33. Want in place-mounted projector in conference room. *Command Suite, Conference Room 2H20 - Green Team*
34. Love the slit lamps. Very good! *Optometry, General - Green Team*
35. Client has installed a "DMV" type waiting service device. *Pharmacy, Waiting A1C2 - Green Team*

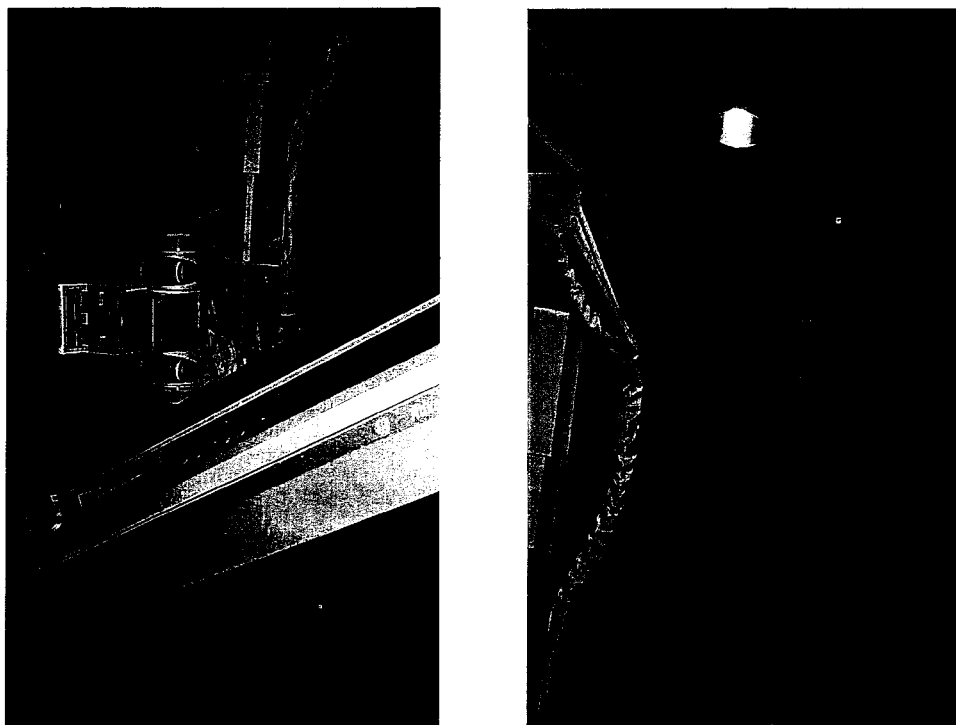
36. Good floor mat. Anti-fatigue mat is good; should be standard equipment.
Pharmacy - Green Team



Picture 11

37. Too many metal cabinets. Equipment not what ordered. *Physical Therapy - Green Team*
38. Reefers procured much bigger than considered in design. Water lab actually has two reefers. *OCC HLTH/PREV MED, IH Lab and Water Lab 2D34 and 2D33 - Green Team*
39. Would rather have refractors instead of "Borie" (electric equipment). *Family Practice, General - Gold Team*
40. Records--Sit down to pull records out. Need system to access records better. Work stations working well. Terminal for each window. As it stands now, only two terminals. *Records - Gold Team*
41. Silver recovery unit: Film bins--shortage of space. Need separate QC film space. Personnel occupying space would like a paper towel dispenser at sink in darkroom. *Radiology, Darkroom 1F01 - Gold Team*

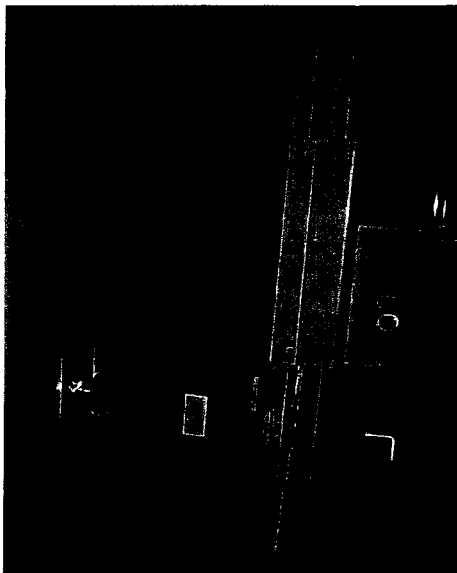
42. Table and chest-bucky too close. Tube head hits table; cannot get as low as desired for child. Therefore, child has to be placed on stool. Recommend that switch/breaker for power be placed in "protected area" behind control wall. Techs need training from installer on exactly how room functions regarding x-ray equipment. X-ray rooms look very nice; wires/cables/ industrial looking equipment well concealed. Appear to satisfy function. *Radiology, Rad Room*
1G07 - Gold Team



Picture 12

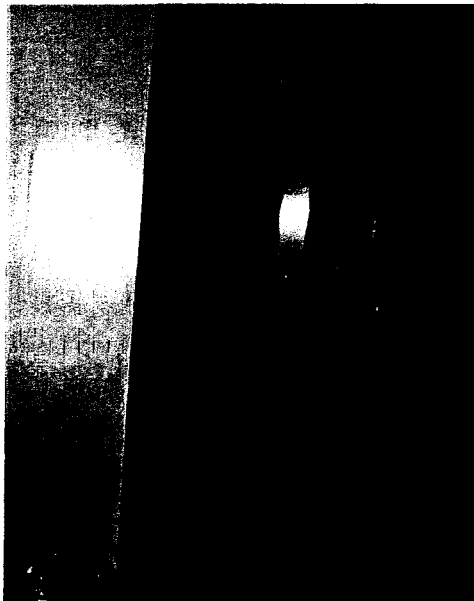
43. Plexiglas shielding is a must! The Plexiglas shielding should be on the standard guide plates for Navy. Emergency "kill switch" should be located inside the control room behind the lead shielding. Darkroom required an additional red safety light. X-ray darkroom bin is not large enough. *Radiology, Rad Room*
1G07 - Gold Team

44. Position of table/40" (anything in range). Film exit from right on chest bucky vice left. Position of kill switch. Opposite side of room than x-ray tech. Should be next to console. Cage to emergency switch. Dark room--not enough bins for film.
Radiology, Rad Room 1G07 - Gold Team



Picture 13

45. Door doesn't fully swing. Hearing jacks on wrong side of booth; need to be closer to desk. HVAC not running in booth (should be hooked up to main HVAC). Muffin fans blowing down; interior, no air blowing in booth. Not handicapped accessible (should be recessed). Sprinkler head not 18" either.
Audio, Audio Suite 1K36 - Gold Team



Picture 14

46. The desk in the audio room is too high for being placed in front of the window where it belongs. The audio booth room is built 11'6" wide. It is 2" too short for the door of the audio booth. The booth is not connected to the building HVAC. There are (4) fans running on the booth. The four fans are not moving any air into the booth. Overall satisfied with the design of the room and equipment. *Audio, Audio Suite - Gold Team*
47. Refrigerator not hard wired to duty/dispatch area; only a beep so it cannot be heard. (Lost \$50K of chicken pox injections). *Immunizations, General - Gold Team*
48. TV hung too low. *Immunizations, General 1H18 - Gold Team*
49. Refrigerator went down. No alarm; loss of vaccines. *Immunizations, General - Gold Team*
50. Secondary alarm should be tied to one central room. When power goes out at night, nobody knows when the immunization refrigerator is down. Already lost \$50K in smallpox vaccine. *Immunizations, General - Gold Team*
51. Equipment is good. *Pediatrics, General - Gold Team*
52. TV's mounted too low. *General, 1J01 & 1J05 & 1J02 - Gold Team*
53. CAT C--need locks for C-lockers. *General - Gold Team*
54. The user indicated that it would be desirable to have remote alarms for critical refrigerators, etc. *General, Alarms - Gold Team*
55. Reefer should be centrally alarmed to quarterdeck. *Immunizations, Equipment - Gold Team*
56. Voltage problem--one product vs. another and earlier had different power requirements. Window in wall to see table was not big enough had to increase to 24"x24". Upright bucky have to move patient in order to pull film out of bucky. Have to move arm up then move patient, pull film and put patient back. Cannot always get in same place (Need opposite loading system). Cannot lower arm with children. Shunt trip needs collapsible cage to keep people from bumping or kids from hitting. Problem with shooting 40" or below (kids chest). *Radiology, Equipment - Gold Team*

57. Reuse of old equipment; issue with installation. Made the window larger to get better visibility. X-ray and patient interference. Move across to change film. Double with children that would be improved with offset loading equipment. Bad location of kill switch (actually can use "circuit breaker"). Needs a cage over it. (Problem got explained and solved with breaker switch and resetting).
Radiology, Rad Room - Gold Team
58. If washer/sterilizer is specified, large ultra-sonic is not warranted. A smaller tabletop model is appropriate. Need to provide for redundant sterilization capability. An internal steam generator Magan-clave would be appropriate. Wrapping table needs to have an adjustable height. *Dental, Central Sterile Room 2B13 - Blue Team*
59. Integrate casework design for lab. Need to ensure that there is electrical/plumbing compatibility. *Dental, Prosth Lab 2A02 - Blue Team*
60. In this room there is a 3-door refrigerator and a CO2 Incubator that are not being used. The refrigerators that are being used do not have alarms that annunciate anywhere except in this room. *Laboratory, Microbiology 1A08 - Blue Team*
61. The equipment in this area is adequate. It is not underutilized. Not enough storage in this room. The users got some unused shelving from the medical clinic. *Dental, Prosth Lab 2A02 - Blue Team*
62. The data/voice drop in this room is below the work surface of the desk. Since no grommet was provided in the desk, someone drilled an oblong hole in the desk to make a pathway for the phone line. *Dental, Prosth Lab 2A02 - Blue Team*
63. Users have had a lot of difficulties with the Castle Sterilizer. The Miele Thermal Disinfector is still not being used; they cannot get it to function properly. *Dental, Central Sterile Room 2B13 - Blue Team*

SECTION 8 CIVIL / LANDSCAPING COMMENTS

SUMMARY

The landscaping and site layout were complimented as being pleasing and blending into the surrounding area. Due to an unusually dry weather, some initial plantings had died and were being replaced.

A major concern addressed by the Clinic Staff was the need for additional parking spaces for patients and staff. The pharmacy drive was also cited as having a curve that was too tight for easy auto maneuverability. During construction, the pharmacy drive had to be regraded to allow for proper reaching heights to the pharmacy drive up window.

Due to soil composition and grade elevations, there had been a problem with the retention ponds holding water, but at the time of the POE, they were being re-graded so that they would drain better.

The entry flagpole had been installed with yacht club yardarm and had to be modified during construction to meet Marine Corps Base standards.

COMMENTS

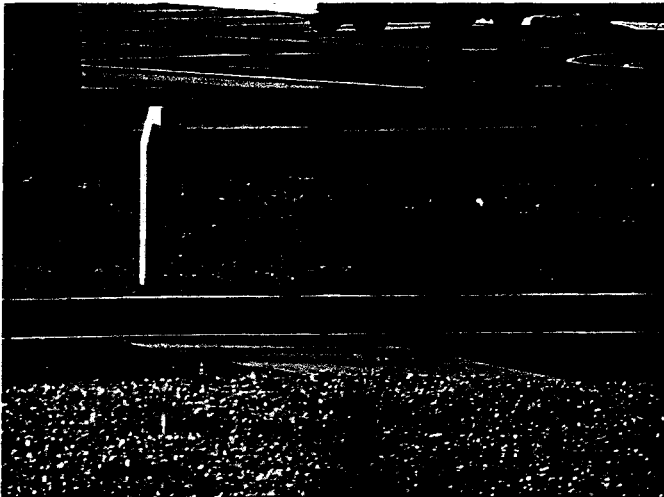
1. Design of refill driveway does not permit cars to approach close enough to reach into refill box. (geriatric) *Pharmacy, Civil and Landscaping - Green Team*
2. Design issues with automobile accessibility. *Pharmacy, Drive-Thru Area - Green Team*
3. Retention ponds with water. *General, Civil - Green Team*

4. Turning radius at drive-up window is said to be tight, but I believe it is ok. *Pharmacy, Civil and Landscaping - Green Team*



Picture 15

5. The two retention ponds are holding water; they should not hold water. This was pointed out numerous times during construction. *Exterior, General - Green Team*
6. A speaker system had to be added by construction contract modification to permit drivers in queue for the pharmacy drive-thru to relay their order prior to arrival at the pharmacy drive-thru window. *Pharmacy, Drive Thru 1A02 - Green Team*



Picture16

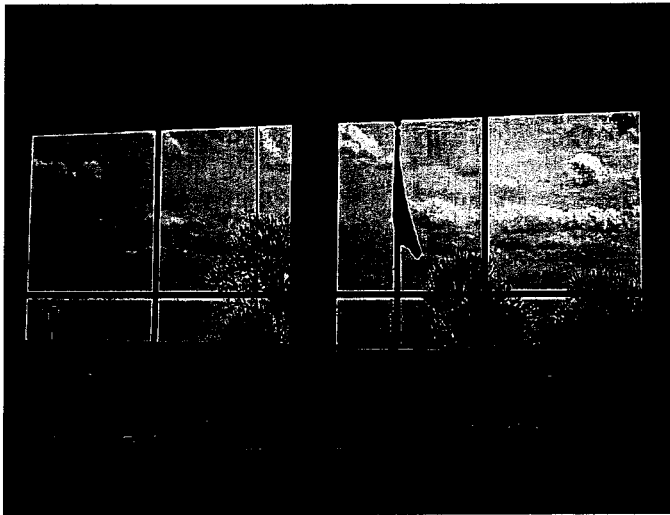
7. Driveway curve is too tight. *Pharmacy, Drive-thru - Green Team*

8. Pharmacy drive-thru is difficult because of drivers pulling up and being too far away. Reach points for patients can be great. Communication system needed to be added to talk between pharmacy and drive-up patient. Having a way to get patient out of driveway queue is important for patient who has no business being in line. Height. *Exterior, Pharmacy Drive-Thru - Gold Team*



Picture 17

9. Who specified or accepted the flagpole? It is not the type the user desired. *Exterior, Flag Pole - Blue Team*

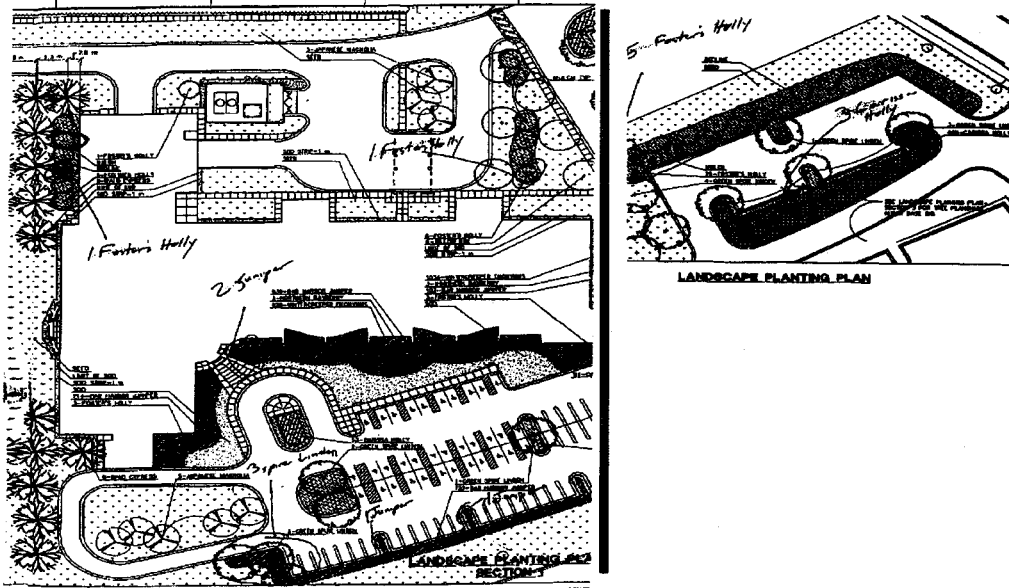


Picture 18

10. More electrical receptacles are needed on exterior to facilitate maintenance. *Exterior, General - Blue Team*
11. At the present time, dirt is being added to the retention pond. The pond is being re-graded so that it drains properly. It doesn't drain adequately now and in the summer it is a breeding ground for mosquitoes. *Exterior, General - Blue Team*

12. Not enough parking. *Exterior, Parking - Blue Team*

13. Attached is a drawing showing the location of plants and trees that have died and need to be replaced. *Exterior, Landscaping - Blue Team*



Picture 19

SECTION 9 ARCHITECTURAL COMMENTS

SUMMARY

The architectural Georgian style was praised for blending in with the style and feel of the Quantico Marine Corps Base. Positive comments included the nice looking entryway, attractive brick planters, good brick detailing, and interesting terrazzo floors/patterns. There were also several comments regarding the beneficial use of natural light, spacious public areas, and comfortable working environments.

The staff in Pediatrics thought their exam rooms and equipment functioned great. Waiting areas offset in coves from main corridor were thought to work extremely well and the counters and casework were described as pleasing and distinctive architectural elements that help direct patients to their destinations.

There were no major architectural problems but rather several smaller areas of concern.

There were several comments concerning counters. Sharp corners were one of the main concerns for safety. Deeper counter depths were needed to better accommodate desktop computers and monitors. Also, the darkroom counter top that supports the developer was not deep enough to allow the equipment to sit correctly on the surface facing the user.

Privacy and noise issues were addressed in reference to the pharmacy, records and lobby areas. Records had to add ropes to keep people far enough away for privacy issues and also added little mirrors to see who was waiting. In the two-story lobby and corridor, there were privacy/noise issues between the open balcony above and reception areas below (including concerns with the placement of the computer monitors).

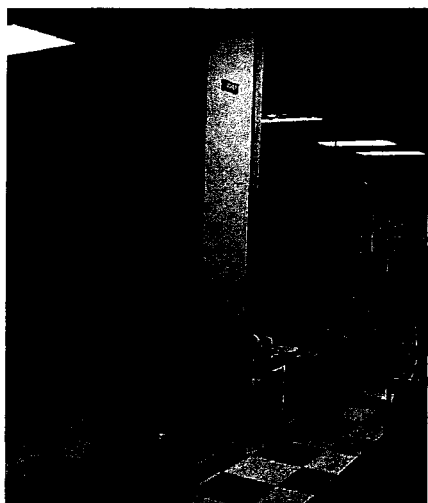
There were numerous comments that concerned doors and hardware, some minor, others of more concern. One of the main problems involved the vestibule, the space between the doors and the cold air that blows across the reception desk. Other comments addressed a warped autoclave access door, unwanted glass sidelights at doors in physical therapy, inappropriate door locks in Mental Health, and the need for more cipher locks in Records.

It was believed that signage throughout the clinic could have been improved upon. It was not always consistent and it was not easy to change. Flexibility in being able to change names and identifiers was considered of prime importance.

COMMENTS

GENERAL:

1. No paper towel dispenser at one of sinks. *Optometry, Exam Rooms - Green Team*
2. Alcoves in back corridors are un-utilized. *Education and Training, General - Green Team*
3. Cross dividers were removed. Floor level and ceiling mounted monitors were a problem. *Education and Training, Classrooms - Green Team*
4. Standard sink not required; also curtain track in mirrored eye lane. *Optometry, General - Green Team*
5. No handicap accessible window. *Pharmacy - Green Team*
6. Fish bowl window. *Physical Therapy - Green Team*
7. Waiting area appears to have been changed from as designed to that which divides waiting room from reception area. How does reception observe patients waiting area? TV appears to be located in an unsafe position in relationship to patient seating in waiting area. *Mental Health, Waiting Room - Green Team*
8. Column interferes with flow. Would like nice open area. *Physical Therapy, Exercise Station 2D07 - Green Team*



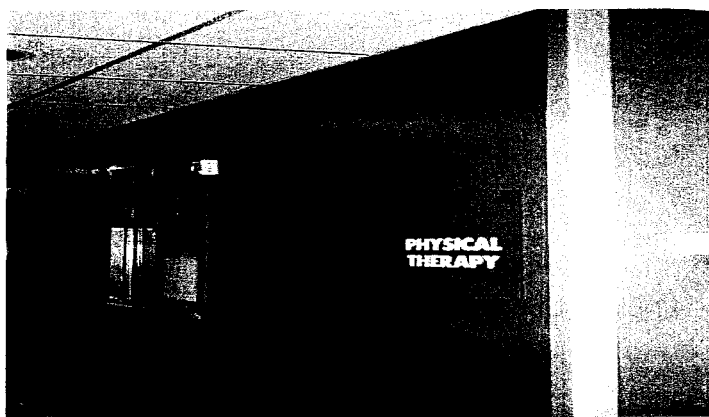
Picture 20

9. Location of recessed fire extinguisher appears to be inappropriate or counter is not appropriate. *Pharmacy - Green Team*
10. Department sort/branch of post office. One postal clerk; not secure enough if used as full service post office. *Command Suite, Mailroom - Green Team*
11. Patient privacy a problem at window. No ADA window. Junky appearance. Pharmacy pull down is manual (heavy), which is an ergonomic problem. Windows are not reset after fire drill. Good regular windowsill throughout facility. *Pharmacy - Green Team*



Picture 21

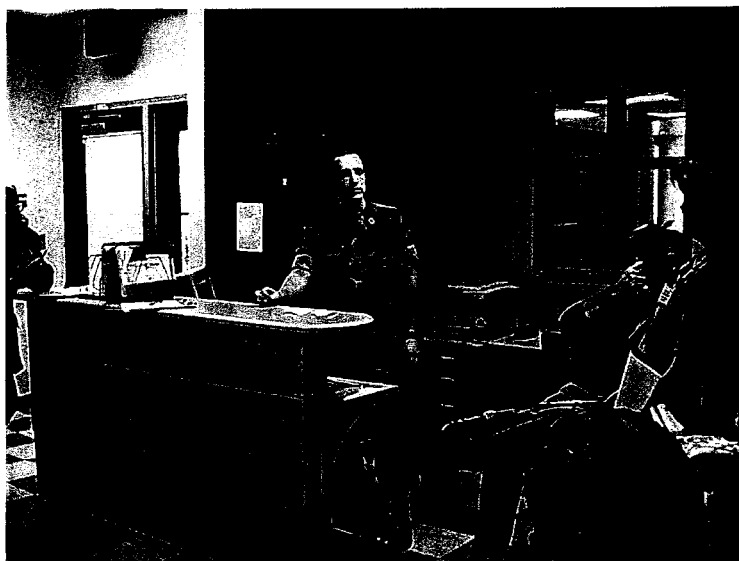
12. Patient bathrooms in clinic areas are very large and ADA accessible. All sinks require padding on traps for wheelchair clients' protection. All toilet tissue dispensers should be changed to allow more than three squares of tissue (customer satisfaction issue). *General, Toilets - Blue Team*
13. Need more counter space. *OCC HLTH/PREV MED, IH Lab - Green Team*
14. Techs put privacy screen on window. *Physical Therapy - Green Team*



Picture 22

15. Good layout, efficient. *OCC HLTH/PREV MED, Exam room - Green Team*
16. Addition of counter; receive personal mail. *Command Suite, Administration 2J09 - Green Team*
17. Two sinks in exam rooms not necessary. Eye lane paper towel dispenser on wrong side of sink. *Optometry, Exam Rooms - Green Team*
18. Pharmacy pass through windows are not ADA compliant or have privacy wing walls *Pharmacy Windows 1AC2 - Green Team*
19. Wall put in for privacy (sound). Customer change, not standard. *Mental Health, General - Green Team*
20. Column in center of training room, blocking view. Would like to see to see white boards on walls instead but with room at that angle column is more of an issue. *Education and Training, Training Room - Green Team*
21. Don't use middle partition at these classrooms for assembly of most of command. Because of this, cannot isolate for smaller training groups. Televisions mounted in wrong place; interferes with middle folding partition. Design forgot education and training bulletin board. *Education and Training, Classrooms 2F09,2F11,2G25,2G26,2G29,2G30 - Green Team*
22. Paper towel dispenser needs to be located closer to the sink. *Optometry, General - Green Team*
23. Two sinks per room, not necessary. *Optometry, Exam Rooms - Green Team*
24. Activity added wall between waiting and secretary so secretary can have private phone calls while people are waiting rather than have waiting people overhear. *Mental Health, Waiting/Secretary 2C06 - Green Team*
25. Staff corridor alcoves would be better utilized within department. *Physical Therapy - Green Team*
26. CO's office toilet doesn't have shower but CO's closet fairly useless. *Command Suite, Toilet. & Closet 2H27 & 2H26 - Green Team*
27. Toilet paper dispensers are paper save kind which annoying to users *Command Suite, Toilets - Green Team*

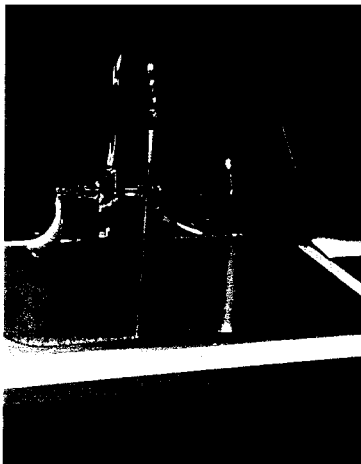
28. Check-in area is inside PT clinic vs. at a typical check-in window or counter near PT waiting area. (This appears to have been a result of a change order.)
Physical Therapy, Check-in Area - Green Team



Picture 23

29. Counters and casework are distinctive architectural elements that help direct patients to their destinations. Waiting areas offset in coves from main corridor work extremely well. Counter depths should be deeper to accommodate desktop computers and monitors. Half round Corian trim on casework is separating on curved sides. Trim should be countersunk into casework or avoid using Corian in this type of situation. Provide additional space beneath counter. *General, Reception Areas 1GC4, 1HC3, 1LC3 - Blue Team*
30. Too small, cabinets can flip over. Shower being used for a coat rack. Doesn't meet ADA requirements. Door swings into cabinet. *Dental, Female Locker Room 2C04 - Blue Team*
31. Too small, especially for a small conference. Wall ends right in front of window. Structural column also takes up some room. *Dental, Staff Director 2B06 - Blue Team*
32. Cabinets too low throughout. Foot pedals--need to be at edge of sink to access them. *Dental, Dental Treatment Rooms 2B26 - Blue Team*
33. Viewing room too obvious. *Mental Health, General - Green Team*
34. ADA compliance problems (area too small for intended use). *General, Female Locker Room 2D11 - Blue Team*

35. Drinking fountain recessed in wall too far (wheelchair access). *General - Blue Team*
36. Office is not per guide-plate. Has a curtain track and only one overhead light. *Mental Health, Social Worker Office - Green Team*
37. Sinks too low. Cabinets need to be 30" deep, not 24" deep. *Laboratory, General - Blue Team*
38. Wrist blades too low. Nicer to have cabinets at sink and counter. *Pediatrics, General - Gold Team*
39. Room too small. Sink spray too powerful and spray throughout. More counter space; prefer a setup more like water lab (layout issue). *OCC HLTH/PREV MED, IH Lab - Green Team*



Picture 24

40. Pass-through window. Height of sill should be lower (32"), with shelf flush at sill height extending past both jambs for at least 12". *Dental, Central Sterile Room 2B13 - Blue Team*
41. Plenty of natural light; best views of surroundings from dental department. *Dental, Prosth Lab 2A02 - Blue Team*
42. Education and training room would like center divider. *Education and Training, General - Green Team*
43. CO/XO/Secretary should be reversed. CO should be located in corner. *Command Suite, Personnel - Green Team*

44. Add counter. *Command Suite, Mailroom - Green Team*
45. Class dividers removed due to floor, TV and CO. Alcoves. *Education and Training, Classrooms - Green Team*
46. Toilet paper dispensers dispense only 1 square of paper at a time. One mirror should be slanted. *General, Toilets 2B19/2B20 - Blue Team*
47. Motorized shutters. *Pharmacy, Dispensing Windows - Green Team*
48. Window to waiting area is non-operable. Prefer to co-locate waiting/control. Window was deleted/modified. *Physical Therapy, Waiting area - Green Team*
49. Viewing window in mirror room is too obvious. *Mental Health, Mirror Room - Green Team*
50. Group room designed as child observation area. Viewing window is too obvious. *Mental Health, Viewing Room - Green Team*
51. IH office spaces VCT vice carpet. *OCC HLTH/PREV MED, General - Green Team*
52. Waiting and control bisected by wall for privacy of patient check in. Also phone privacy. *Mental Health, Waiting Area - Green Team*
53. Drive thru--direct air access cold in winter. No reset on pharmacy windows. *Pharmacy - Green Team*
54. Exam room did not fit template. *Optometry, Exam Room - Green Team*
55. Need ADA compliant windows. *Pharmacy, Dispensing Windows - Green Team*
56. Switch soap and towel dispenser; gets everything wet. Personnel like position of refraction desk. Light control is good. *Optometry, Eye lane - Green Team*
57. These two toilet rooms are not ADA complaint in their current arrangements. Door swings should be reversed to the opposite hand, as their current swings reduce accessible travel path. Client added lockers greatly reduce space and eliminate wheelchair-turning radius. *General, Toilets 2D11/2D12 - Blue Team*

- 58. Curtain tracks (not necessary) *Mental Health, Social Worker Office - Green Team*
- 59. Flooring questionable. No curtain/or tracks installed; no privacy. *Military Medicine, Treatment Room - Gold Team*



Picture 25

- 60. Pass-thru window shutters are difficult to lift over the counters. Motorized shutters would be better. Pass-thru windows also do not comply with requirement for a high and low writing surface. Possibly add anti-fatigue mats to contract. *Pharmacy - Green Team*
- 61. Wasted space in command suite; too much open area as you walk into corridor. Placement of whole command suite is too open with two corridors. *Command Suite, Administration - Green Team*
- 62. Room not wide enough, less than 3' aisle, shelving 61" too deep. *OCC HLTH/PREV MED, Storage 2F10 - Green Team*
- 63. They made a lounge and privacy wall out of cabinets. *Mental Health, General - Green Team*

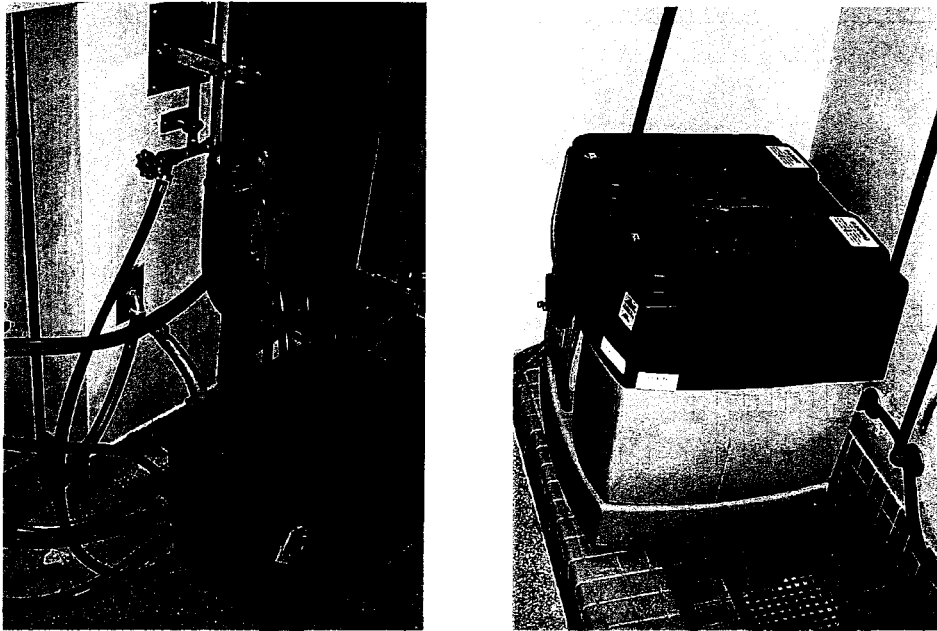
64. Staff not happy with position of the check-in counter. *Mental Health, Reception Desk - Green Team*



Picture 26

65. Equipment correct. Canned lights hard on patient's eyes. Soiled linen. Alcove in radiology serves everybody. All offices: the light fixtures are located in an awkward orientation. *Radiology, Fluoroscopy - Gold Team*
66. Need more storage. *Dental, Prosth Lab 2A02 - Blue Team*
67. Integrate casework design for lab. Need to ensure that there is utility (electrical, plumbing, etc) compatibility. *Dental, Prosth lab 2A02 - Blue Team*
68. Department Head Office should be located in close proximity to reception, not in the back of the lab clinical spaces. Patient interaction forces patient to traverse "Bio-Hazard" area to get to lab manager's office. *Laboratory, Dept Head Office - Blue Team*
69. Door between the clean and dirty side of CSR is acceptable to the infection control people. Too much cabinetry in dirty side and not enough on clean side. *Dental, Central Sterile Room 2B13 - Blue Team*
70. Design dirty side with solid face storage cabinets above counter top. Provide glass front cabinets on the clean side. Wall out any enclosure surrounding pass through sterilizer with green board in lieu of regular gypsum board. Do not use wood door for entrance into sterilizer access area, steam will warp. If washer sterilizer is used, countertop should be continuous above (built in appearance). Window drop off should be at such a height that people can reach through window to the drop off comfortably. *Dental, Central Sterile Room 2B13 - Blue Team*

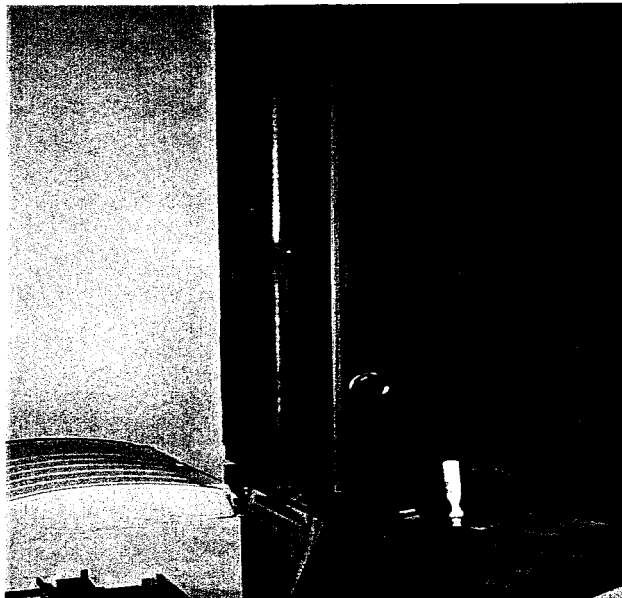
71. Counter top that supports the developer (AT-2000) should be deep enough to allow the equipment to sit correctly on the surface facing the user. Per agreement between dental and medical, medical processes the waste from the processor and therefore there is no silver recovery unit here. *Dental, Darkroom 2A23 - Blue Team*
72. Mop basin not sufficiently sized for mixing units; also no room to place silver recovery in mop basin. User would like to place basin below silver recovery unit. *Radiology, Darkroom 1F01 - Gold Team*



Picture27

73. Do not place curtain tracks in ceiling in admin offices. (Note: Was done for universal room flexibility) *Records, 1C01/1C11/1C02 - Gold Team*
74. Washer sterilizer and ultrasonic cleaner stand out from the wall (past counter tops) due to plumbing connections. Location of washer sterilizer interferes with cabinet access. Use metal doors at sterilizer closet. Wood door is warped due to moisture. *Dental, Central Sterile Room 2B13 - Blue Team*
75. Need to provide shelf directly adjacent to toilet to hold the articles patients need. *Laboratory, Female Toilet 1B05 - Blue Team*
76. In bathrooms with showers, provide 1/4" sill at entrance of each shower stall to contain water. Floor slopes to drains are not adequate to drain water. *General, Toilets - Blue Team*

77. Had to add wire pole to keep people far enough away for privacy issues. Added little mirrors to see who is waiting. Need better privacy. Bell for records sounds like elevator. Room for counseling 1C01 is good. *Records, Counter - Gold Team*



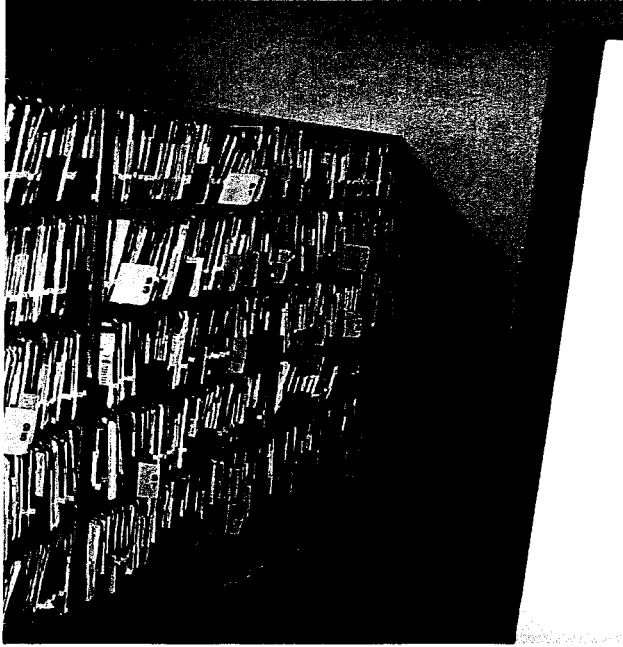
Picture 28

78. Manual pull down hard to maneuver, should drop in a fire but have to reset by company. (Suggest-electronic reset after fire alarm clear) (Hard pull up and down) Scratches due to use of pole that you have to use. *Records, Pull Down Shutters - Gold Team*



Picture 29

79. Records/files old--have to get on floor to pull records; cost cut issue. Decentralize records to go to clinics. Modular workstations work well. Need pad under carpet. *Records - Gold Team*



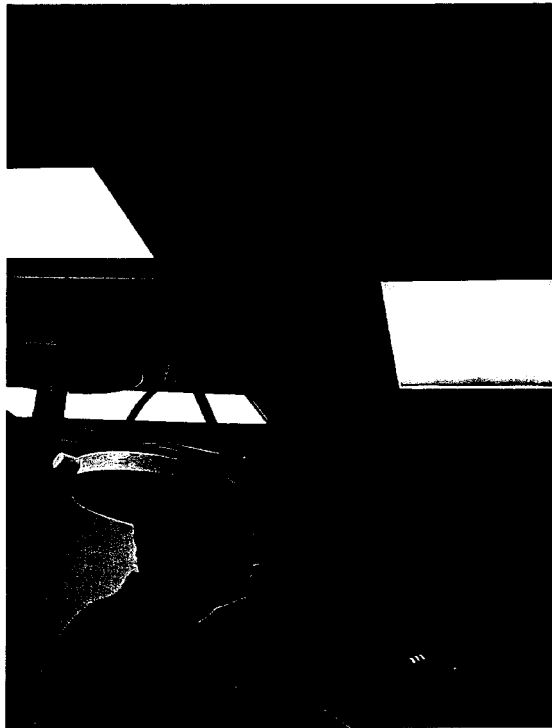
Picture 30

80. Privacy issues/waiting area/back rooms (black out issues). *General - Gold Team*
81. Front desk configuration: no place for records, etc. shelving, and storage problems. Twenty-Nine Palms set-up is good for front desk. Chairs are great. Flat screens for front desks. *General, Front Desk - Gold Team*
82. Window treatments are nice. *Records, Architecture 1C01/1C02/1C11 - Gold Team*
83. Provide air curtains at entrances or locate reception areas and /or vestibules to avoid wind blowing directly on manned spaces. *General, Front, East, Ambulance Entrances - Blue Team*
84. No pay phone was ever installed in the alcove outside the command suite because patients don't usually come to this section of the building. *General, Lobby - Blue Team*

85. Dental would prefer dental on-call button dedicated to dental area only, one does exist for main area but everyone can hear the emergency. *Dental, Dental Treatment Rooms 2B26 - Blue Team*
86. Department wanted operable window to waiting (was in design with rolling shutter to begin with). Column in exercise station room impedes "open space" necessary for exercises. Want robe hooks at exam exercise station. *Physical Therapy, Exercise Station 2D07 - Green Team*
87. Question about integrity of wall versus doors. Centralization is good but lost "point of service" and "women of duty" *Records - Gold Team*
88. Patient flow is ok; enough room. *Immunizations, General - Gold Team*
89. Feeding room needs privacy; open view to breastfeeding. Clinic layout/hail a nurse (would like an intercom system). *Pediatrics, General - Gold Team*
90. No toilet. *Physical Therapy, Locker Room - Green Team*
91. There is a moveable partition wall in this room that could be opened to create one large room with adjacent lounge area. Due to the arrangement of the furniture in the office, the partition cannot be opened--making it useless. *Dental, Consult Room/Lounge/Conference 2B09/2B08/2B07 - Blue Team*
92. Only has one computer station. Users would like two. Much of the clutter could be removed from the desktop if grommets were provided in the work surfaces and the electrical and data outlets were below the work surface. *Laboratory, Reception Area - Blue Team*
93. Users would like to have a pass through window from the records/reception area into the clinical hallway to prevent doctor's from having to walk out into the waiting area to talk to personnel at reception desk. *Dental, Reception - Blue Team*
94. The shower stall is used like a "closet", i.e., uniforms are hung on the shower curtain rack. Why does this room have a sheet vinyl floor? *Laboratory, Female Staff Locker Room 1B12 - Blue Team*
95. Waiting across from Education and Training is hardly ever used. *Lobby, Waiting - Blue Team*
96. TV in dental waiting area is directly above a chair. Someone could bang his or her head on the mounting bracket. *Dental, Waiting - Blue Team*

97. Removed TV from this waiting area. Too many were installed in this general area. *Lobby, 2nd Deck Waiting at Elevator - Blue Team*
98. Toilet paper dispensers only allow 1 to 3 squares of paper to dispensed at one time. This is unsatisfactory. No protective padding has been provided on the exposed piping underneath sinks in accordance with ADA requirements. *General, Toilets - Blue Team*
99. Lockers have been added to these rooms and they create a situation where the rooms are no longer ADA accessible. *General, Toilets 2D12/2D11 - Blue Team*
100. More counter space is desired at the reception desks. The computer terminals take up a lot of the space provided. File "in-boxes" are also sitting on the desktop. The following suggestions were made: provide flat screens for computers; provide grommets in the counter-top and mount electrical and data outlets below counter top so that wire clutter will be removed from the desk top; the empty space beneath the top narrow writing surface could have been used for shelving. Decorative halogen lights hanging above the desks are nice to look at but they don't provide sufficient lighting on the work surface. Chair railing is needed behind the desks to prevent damage to the wall. *Lobby, Reception Counters - Blue Team*
101. The users made this room into a hazardous storage area from a locker room. Waste is bagged and boxed and sits on the floor which is VCT. Any leakage onto the floor could be very difficult to remove from the space between the tiles. *General, Hazardous Storage Room 1F14 - Blue Team*
102. Silver recovery--on floor; want a pan underneath. Need paper towel dispenser; had to add one. Need more storage for films. *Radiology, Dark Room - Gold Team*
103. Insufficient storage in the DTR's. *Dental, Dental Treatment Rooms (DTRs) - Blue Team*
104. Counter corners need to be rounded. *Radiology, Darkroom 1F01 - Gold Team*
105. Control Counters: Visibility of information on computer screens a concern. Audio privacy is a concern. More storage is desirable. *General, Reception Areas - Gold Team*

106. Room is designed for the treatment of two patients at one time. However, there is no curtain dividing the space between the treatment areas. A curtain track should have been provided. There is no curtain to provide privacy for the patient being treated near the door. A curtain track should have been provided. To add one at this time one light fixture would have to be relocated.
Immunizations, Treatment Room 1J36 - Gold Team



Picture 31

107. Personnel assigned do not like front desk configuration. No where to put records (storage and safety/privacy). Ergonomics are not good.
Immunizations, General - Gold Team
108. Need a partition between tables for screening kids. Front desk (reception--environmental UNSAT; no records storage behind. Privacy issue; need intercoms. *Immunizations, General - Gold Team*
109. Appear to be too small to be accessible. *Radiology, 1608/1609 - Gold Team*

110. Great exam rooms and equipment. Very nice waiting areas. Lab/x-ray convenient for them. Don't like separate hallways. Prefer more open area to other areas. Equipment is fine. Sharp corners on sink/table; children poke their eyes out. Some sort of rounded corners are needed. *Pediatrics, Overall Clinic - Gold Team*



Picture 32

111. Long hallways result in doctor walking around finding a nurse. Recommend an intercom system. *General, Green Team*



Picture 33

112. In general, very happy. Concerns about sharp edges on counter. *Pediatrics, General - Gold Team*
113. Need at least one ADA compliant check-in station/window. *Pharmacy, Reception - Blue Team*
114. Need privacy; i.e., asking for record (mental health appointment) at front window. *Records - Gold Team*
115. Very nice space, spacious, well-lit, temperature comfortable, appears to be functional, the carpet floors appreciated by staff. Some areas that could have been improved on are as follows: Eliminate storage of records on real low shelves, a high density machine desired by user (think fixed shelves may be best solution); roll-up doors difficult to raise-it may require adjustment; ensure cipher lock placed at key employee entry points; staff felt that decentralized records placed at "team" locator would be more appropriate; pay attention to wire management at reception windows; exterior windows into space are real nice. *Records, Record Files Area 1B18 - Gold Team*



Picture 34

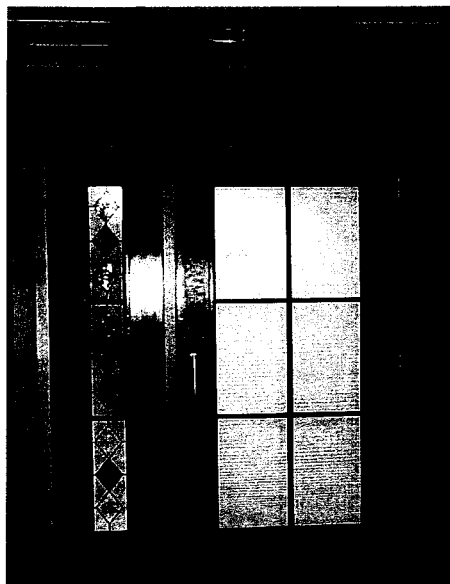
116. #1 problem--no shelving system behind the "check-in" desks in the lobby. *Family Practice, Reception Area - Gold Team*
117. No lip or proper drainage in shower area. Floods all over bathroom. Staff puts sheets on floor to stop water from flowing. *General, Duty Room 1J01 - Gold Team*

118. Layout of benches is good; depth of benches should be increased to accommodate bench top equipment. Chief's office should be located to facilitate consultations; hold them elsewhere to prevent foot traffic through lab. Plenty of natural lighting along with room fixtures. Modular casework will allow easier changes in casework and bench heights. *Laboratory, General 1A14 - Blue Team*
119. Towel dispenser/disposal unit mounted too close to sink. *General, Toilets 2A10 - Blue Team*
120. Countertops are too shallow at 24". They need to be at least 30" to support some of the equipment. Users dislike the office layout, i.e., the admin offices are in the back of the lab and the techs offices are in the front. Consolidate staff into a single area. *Pathology - Blue Team*
121. Artwork is very nice. *General, Artwork - Gold Team*
122. TV tracks mounted so close to walls that pendants can hit walls. More coordination was needed in specifying lengths of cubicle curtains with regard to ceiling heights. Exterior locks/automatic doors/security requires better coordination. Telephone switch room supposedly needs to be expanded to accommodate equipment. *General, Design - Gold Team*
123. Toilets on back corridor mix and matched. Staff vs. patient and patient has nurse call pull and the staff male toilet doesn't next to it. *General, Toilet - Gold Team*
124. JCAHO wrote up that the chart holders for privacy said they should be inside doors. *General, Charts - Gold Team*
125. Rooms are great. Waiting areas are bright and cheery. Feeding room needs privacy; open view to breastfeeding. Clinic layout/hail a nurse (would like an intercom system). *Pediatrics, General - Gold Team*

DOORS AND HARDWARE

126. Door 1CC4--on S-swing doors. Push plates and pulls would look better if mounted at same height. *General, Doors 1CC4 - Gold Team*
127. Door should swing in opposite direction (to left) because person with wheelchair must go in; wait for door to close, and then turn the wheelchair to go into toilet/sink area. *General, Female Toilet 2F01 - Blue Team*

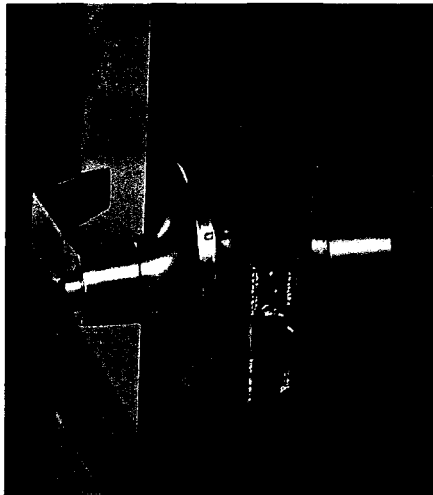
128. Users would like to be able to lock up their clinic separate from the rest of the building. Since the clinic entry door off waiting is glass, this may be difficult due to egress hardware requirements. *Dental, Hardware - Blue Team*
129. Doors into room do not have locks. This would make a multi-person room, single person occupancy. *Physical Therapy, Locker Rooms 2D16/2D18 - Green Team*
130. Main entrances into suite should have locks in lieu of push-pulls. *Physical Therapy, Hardware - Green Team*
131. No air curtain front/back door. Push panic door. *General, Entry way - Gold Team*
132. Glass in entrance door and sidelight needed to be obscure for privacy. *Physical Therapy - Green Team*



Picture 35

133. Need auto-operator on front entrance door (low energy). *Physical Therapy - Green Team*
134. Door to single men's toilet is directly across from office. Suggest insuring that the doors are offset more. *Records, Men's Bathroom 1C10 - Gold Team*
135. Mailroom is not secure but maybe should be, I.e., secure ceilings and walls. Not on master key system. Occupants think it should comply with "postal" criteria. Also should have a counter in the design. *Command Suite, Mail Room - Green Team*

- 136. No locks on departmental doors or toilets/showers. *Physical Therapy, Hardware - Green Team*
- 137. Autoclave access door--Wood door is already warped; use hollow metal door. *Dental, Central Sterile Room 2B14A - Blue Team*
- 138. Doors--quick slip lock; patients will flip locks when they leave. Had a stranger walk in on someone in an exam room changing. Need panic hardware bar on front door. Security! *General, Hardware - Gold Team*
- 139. Entrance door into this suite gets locked accidentally when people exit the suite. This is common to the type of hardware that is appropriate for an entrance door. This problem may not exist with another "brand" of hardware. *Mental Health, Hardware - Green Team*



Picture 36

- 140. No locks on entry to PT; front and back. No locks on restroom/locker rooms. *Physical Therapy, Hard Ware - Green Team*
- 141. Door closures too quick need to be adjusted. *General, Female Toilet 2F01 - Blue Team*
- 142. Simultaneous opening of both sets of doors allows cold blasts of air to chill waiting areas. *General, Main Entry - Gold Team*
- 143. Electronic door for handicap. *Physical Therapy, Doors 2EC2 - Green Team*
- 144. Security issue; no panic bars to relock doors. *Immunizations, General - Gold Team*

145. Vestibule doors--not enough space between doors and so when they open the information desk gets all the cold air coming in. Also need receptacles at work desk. *General, Information Desk - Gold Team*



Picture 37

146. (Need) Cipher locks on doors. *Records, Hardware - Gold Team*
147. Department cannot be locked (need to secure equipment). Lack of locks on bathrooms. *Physical Therapy, Hardware - Green Team*
148. Need assisted front door. *Physical Therapy - Green Team*
149. Use metal doors at sterilizer closet. Wood door is warped due to moisture. *Dental, Central Sterile Room 2B13 - Blue Team*
150. Door swing is issue with movement. *Physical Therapy, Locker Room - Green Team*
151. Prefer automatic assist front door for H/C patients. *Physical Therapy, Doors - Green Team*
152. No locks inside. Fish bowl window; waiting check-in area. *Physical Therapy - Green Team*

153. The doors to electrical closets inside of the mechanical rooms are the same wooden doors provided throughout the clinical areas of the building. This is not necessary and not cost effective. *General, Electrical Rooms - Blue Team*
154. Do not use wood door for entrance into sterilizer access area, steam will warp. *Dental, Central Sterile Room 2B13 - Blue Team*
155. No locks on two corridor doors. Shower water runs on floor. *Physical Therapy, Male and Female Lockers 2D17, 2D19 - Green Team*
156. Department wants automated front corridor door (for people with crutches). *Physical Therapy, Exercise Station 2D07 - Green Team*
157. Added a cipher lock to the door. *Records - Gold Team*
158. Door closer needs to be adjusted. The door slams closed and could smash someone's hand. *General - Blue Team*
159. A door gasket & door drop bottom would help improve acoustics. *Radiology, Ultrasound 1G10 - Gold Team*
160. The door swings in this room make difficult for a person in a wheelchair to enter. *General, Toilets 2F01 and 2F03 - Blue Team*
161. Door swings too close to lockers. *General, Doors - Blue Team*
162. Front door locks with push tab by accident from patient hitting it. Needs mortise lock or different manufacturer. *Mental Health, Hardware - Green Team*

EXTERIOR:

163. Entryway is nice looking, brick planters are nice, brick detailing at elevators nice, terrazzo floors/patterns nice. *General - Gold Team*
164. Exhaust from the diesel ambulances enters the building through the emergency entry doors. *Exterior, Ambulance Entry Doors - Blue Team*

165. First deck--Brick detailing around windows is excellent; would like to see second deck windows convey same treatment. *Exterior, General - Blue Team*

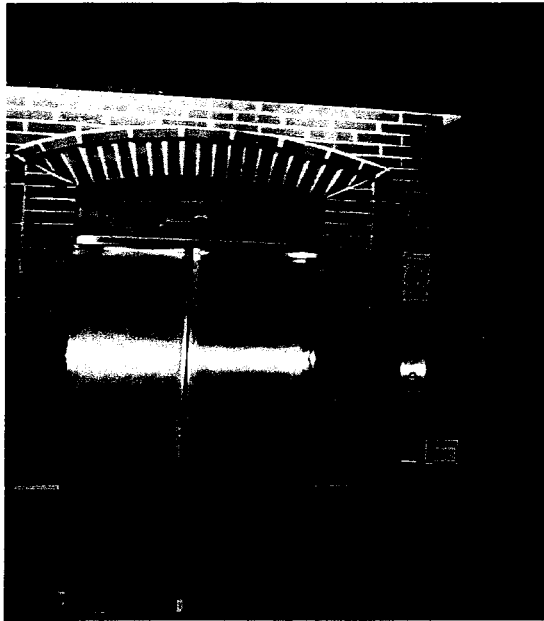


Picture 38

166. Exterior awning missing. *Pharmacy - Green Team*
167. Quality of brick and pre-cast concrete work is excellent. Overall aesthetic quality of building is outstanding. *Exterior, General - Blue Team*
168. Covered walkway between ambulance shelter and Building 15 architecturally incompatible (cast aluminum vs. brick and precast). Ambulance exhaust fumes (diesel) migrate into building through back entrance and supply vents. *Exterior, General - Blue Team*
169. Downspout sections at base of building are of uncoated steel; are already rusting. Should consider a less corrosive material to replace these elements. East canopy soffit--Brick facing should extend 12" beyond soffit for drip edge. *Exterior, General - Blue Team*
170. Flag pole--Had to cut gaff off to have correct type of pole. *General - Gold Team*

INTERIORS AND FINISHES:

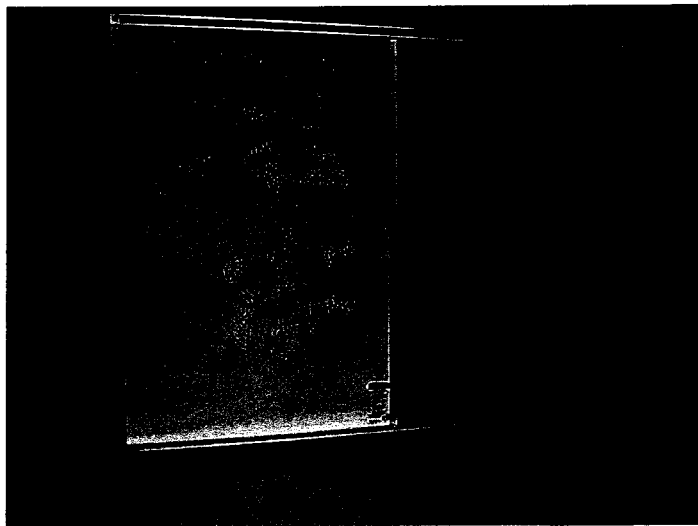
171. Interior Brickwork and detailing is excellent. *Interior, General – Green Team*



Picture 39

172. Sheet Vinyl is used on the floor in lieu of CT. *General, Male/Female Toilets 1F18, 1F25, 1F30, 1F37 - Gold Team*
173. Pattern floor like Pharmacy. Padding on floor a key. People on feet most of day. *Records - Gold Team*
174. Why do these toilets have sheet vinyl floors? *General, Toilets 1F30 and 1F37 - Blue Team*
175. No chair rails on 2nd floor. *General, Corridors - Green Team*
176. Don't forget to use "block out" shades for exam rooms. *Family Practice, Exam Rooms - Gold Team*
177. Block/checker tile floor gives you optical illusions; should have been solid pattern. Window at reception desk should be pass through. Column invades space and inhibits equipment placement. Individual spaces need hooks. Family member chair in each space. *Physical Therapy - Green Team*
178. No cubicle curtains in treatment room. *Family Practice, Treatment Room 1J36 - Gold Team*

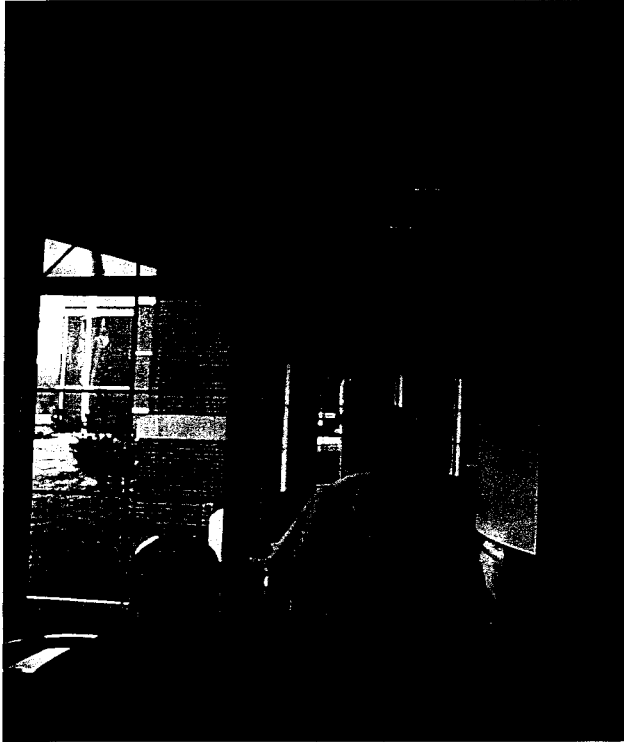
179. Would like carpet. *OCC HLTH/PREV, General 2G08 - Green Team*
180. Don't like manual pull down for windows. Very stiff and cumbersome. Three windows but only 2 terminals. Need a computer for each. *Records - Gold Team*
181. Elevator bell sounds like a buzzer bell. Loud noise; no privacy. *Records - Gold Team*
182. Some complaints about rooms with VCT in lieu of carpet. *OCC HLTH/PREV MED, General - Green Team*
183. Flooring--Post construction addition of cushion flooring. *Pharmacy - Green Team*
184. These rooms have sheet vinyl, why not VCT? *General, Toilets 1C09/1C10 - Blue Team*
185. Paint on walls does not appear to be liquid glaze coating (LGC) and this could be a maintenance problem. *Dental, Central Sterile Room 2B13 - Blue Team*
186. Tack board/white board is good idea. *OCC HLTH/PREV MED, Office 2F04 - Green Team*



Picture 40

187. VCT flooring. No curtain tracks/no curtains at all. Does not meet criteria, intent of this room? *Immunizations, Treatment Room 1J36 - Gold Team*

188. The shades installed on the large windows on the south side of the building (along waiting spine) have chain operators that could be hazardous to children. Children also play with these chains. It was suggested that some sort of channel be installed that has an access opening high enough to prevent children from playing with the chains. *Lobby, Waiting Areas - Blue Team*



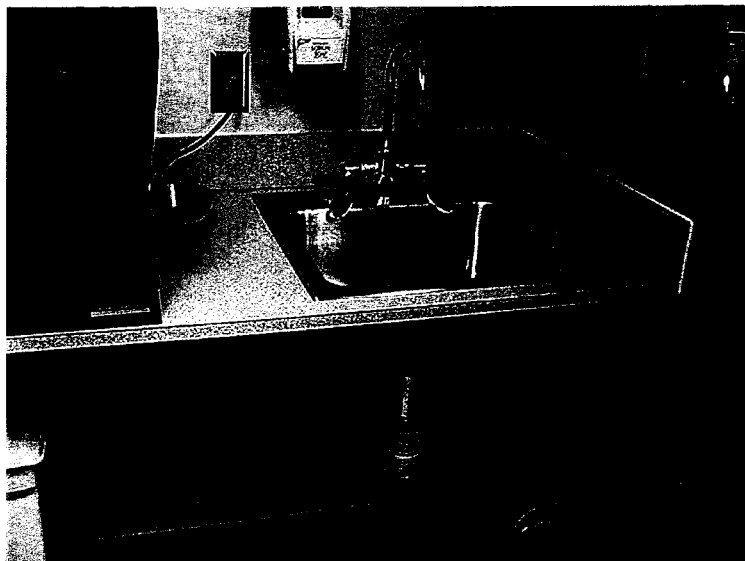
Picture 41

189. Interior curtains very nice but expensive. Complaints about 1-1/2 hours of sunrise in eyes of receptionists. *Immunizations, General - Gold Team*



Picture 42

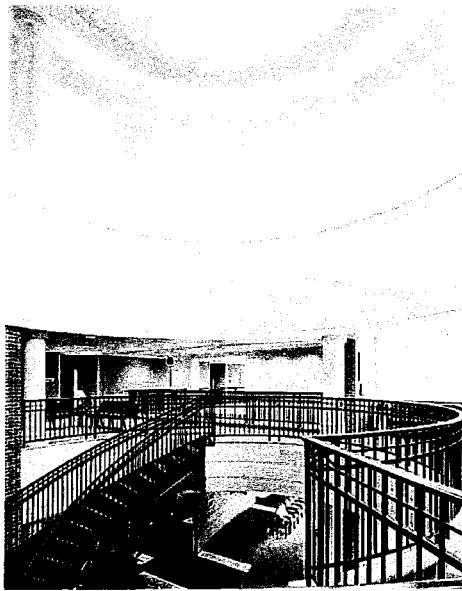
190. Need some air screens at back treatment area. *General, Treatment area - Gold Team*
191. Anti-fatigue mat (not provided in contract). *Pharmacy - Green Team*
192. Children turning/twisting window shades--should mount controller at height where children cannot reach or do not have access to. *General, Lobby - Blue Team*
193. Carpet appears to be in good shape, but want better padding for those standing. *Records, Architecture - Gold Team*
194. Why does this room have a sheet vinyl floor and a mirror? *General, Janitor's Closet 1K43 - Blue Team*
195. This room needs a cubicle curtain to provide privacy for patients in chair. *Laboratory, Blood Draw Room 1B06 - Blue Team*
196. Sink countertop--The current countertops have sharp corners and are open in the bottom, exposing the piping. Suggest insuring that future tables have rounded corners. In addition, suggest that the bottom be enclosed for cabinet, which would provide storage space and improve the appearance of the sink. *Pediatrics, Exam Room 1G19 - Gold Team*



Picture 43

SOUND TRANSMISSION:

197. Some complaints concerning noise transmission. Suggest gaskets around the door and insulation in the wall. Also suggest insuring that the walls extend above the ceiling in more areas. *Pediatrics, Exam Room 1G19 - Gold Team*
198. Window size--Patient privacy issue. 1) Barrier for sound. 2) Move waiting area further back from window. *Pharmacy - Green Team*
199. Clinic had to procure their own partition to separate the two cubes. This reduces the noise from screaming. *Immunizations, General - Gold Team*
200. Privacy/Noise issue at balcony above reception areas below. *General, Lobby - Blue Team*

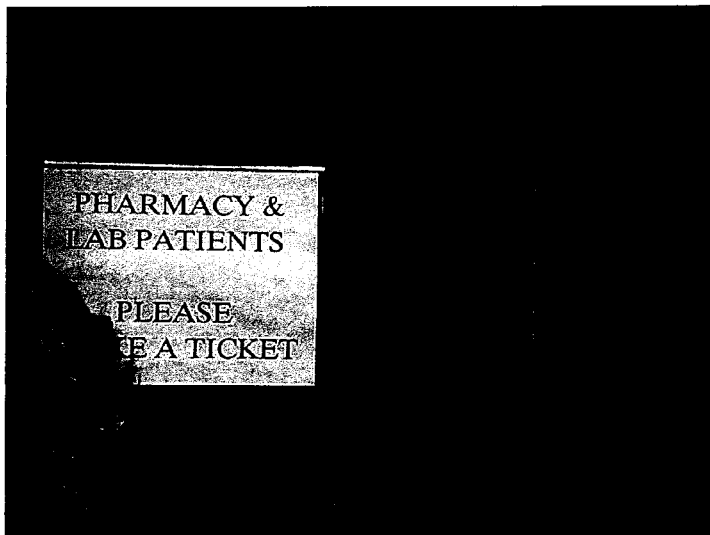


Picture 44

201. Need sound proof room so workers can actually stay in area when supplies/shipping arrive. *Logistics, Receiving 1E01 - Blue Team*

SIGNAGE:

- 202. Room numbers confusing for patients, worked well for design (plans and specs) and for construction (areas A, B...E, H). *General, Signage - Blue Team*
- 203. General Signage Comment- Signs not flexible; need inserts. *General, Signage - Green Team*
- 204. Signs way too permanent with information shown and expensive to change. Signs should have clear window so information could be easily change by user. *General, Signage - Gold Team*
- 205. Signage not consistent. *Pharmacy - Green Team*



Picture 45

- 206. Signage and numbering does not work at all. *Pediatrics - Gold Team*
- 207. Fire bills should have been included in the signage package. *Signage - Blue Team*
- 208. Signage is bad. Permanent on doorframe. They're not changeable (computer made). Machine as part of equipment purchase. *Signage - Gold Team*

209. Pharmacy "number" for patient system installed but as a second thought.
Pharmacy - Green Team



Picture 46

SECTION 10 MECHANICAL COMMENT

SUMMARY

The comments in this section are divided into three major categories, HVAC (Heating, Ventilation and Air Conditioning), Plumbing, and Medical Gas.

HVAC:

There were numerous comments concerning the temperature of various rooms, which seemed to lead to a consensus that the HVAC system needed to be better balanced. These comments ran the gamut, but mainly focused on several areas that were deemed as always being cold; the Pharmacy drive-thru, Mental Health waiting room, Optometry and Records. Yet the Education and Training Rooms were too hot.

Some problems were associated with ventilation and vent placement such as VAV box-supply vent right over a desk, which blows directly on personnel. Also of concern were the majority of the dental treatment rooms that have the supply above the head of the patient chair and the return adjacent to the corridor wall. (The return should be placed at the "foot of the patient") Other problems with ventilation included excessive airflow in the periodontics room, lack of ventilation in the toilets and within the communication rooms on the first floor.

The main mechanical room was seen as being too overcrowded and many pieces of equipment cannot be removed from this room without disassembly of other components.

PLUMBING:

Plumbing concerns involved the awkward location of the eyewash station in the lab, it's lack of a drain in dental, pipe covers were needed for under sinks throughout and higher goose neck faucets and less forceful spay were commented on for the sinks in Lab and Occ Health. Also distilled water was not provided but needed in the Pharmacy and foot pedals for sinks in dental were not easily accessible.

MEDICAL GAS:

In general there was a perception that the piped medical gas systems were under utilized. Comments included: Medical gas not needed in Laboratory, Oxygen outlets not needed in DTRs. The location of the medical gas alarm panel was well received but the need to have a ladder to get to the oxygen shut off valve was criticized.

COMMENTS

HVAC:

1. This is a combination of two rooms. 5-ton independent air conditioning unit had to be added. *MID, Server Room 2H09 - Green Team*
2. HVAC around refill window (heat especially). Cold air comes in through refill box. *Pharmacy - Green Team*
3. Only one return fan. *OCC HLTH/PRE MED, Office 2F04 - Green Team*
4. HVAC issue from drive-thru window. *Pharmacy - Green Team*
5. Only one return fan. *OCC HLTH/PREV, Office 2F04 - Green Team*
6. Drive-thru design issue with climate control. *Pharmacy, Drive-Thru Area - Green Team*
7. Need better Temperature control. *Optometry - Green Team*
8. Poor ventilation. *MID, Offices - Green Team*
9. Air-conditioning added late in construction. *MID, Server Room 2H09/2H10 - Green Team*
10. Warm. *MID, Office - Green Team*
11. Need air-curtain on the exterior door to prevent cold air from entering into patient rooms (x-ray room). *General - Blue Team*
12. One console, but no drains (change order?). No heat source (i.e. gas outlets) readily available, must resort to Bunsen burners. Not enough electrical outlets; using extension cords. Not enough storage space. *Dental, Prosth Lab 2A02 - Blue Team*
13. Only 1 exhaust fan. *OCC HLTH/PRE MED, Office 2F04 - Green Team*
14. Rooms have only one return grill. Conditions do not comply with contract documents. *OCC HLTH/PREV MED, Office 2F04/2F04a & 2G08 - Green Team*
15. Rooms are hot. Mechanical system may need to be balanced. *Education and Training, General 2H01/2H01a - Green Team*

16. A/C ventilation was a problem. Added late in construction. *MID, Server Room 2H09/2H10 - Green Team*
17. Heating at drive-thru window is inadequate. *Pharmacy, Drive-Thru Window 1A02 - Green Team*
18. Computer operation room improperly balanced. *Education and Training, 2H01 - Green Team*
19. Drive-thru is cold. *Pharmacy, Mechanical - Green Team*
20. Waiting room is too cold. *Mental Health, Waiting Room - Green Team*
21. Sometimes too cold. *Optometry - Green Team*
22. Room has only one return grill; room is stuffy. *OCC HLTH/PREV MED, Office 2F04 - Green Team*
23. Window under drain vent and rain falls in front even when not raining. *Records, Office 1C02 - Gold Team*
24. Colder air than usual. Change VAV box-supply vent right over desk; blows on person. *Records, Office 1C11 - Gold Team*
25. Exhaust in single use toilet not adequate. *Records, Toilet 1C10 - Gold Team*
26. Bathrooms must have ventilation fans. Staff is being stunk out of their spaces. *Records, Toilets - Gold Team*
27. Room always cold. *Records, Office 1C11 - Gold Team*
28. Exhaust in restrooms in relation to room 1C12. *Records, Restrooms 1C10 - Gold Team*
29. Very cold office. *Records, Office 1C11 - Gold Team*
30. Water drain outside window in downspouts. *Records, Office 1C02 - Gold Team*
31. Thermostat behind refrigerator so the temperature fluctuates. *Immunizations - Gold Team*

32. A refrigerator was placed against wall with a thermostat directly behind the refrigerator causing extreme fluctuations in temperatures. *Immunizations, 1H18 - Gold Team*
33. There is a thermostat behind the big refrigerator. This was never fixed when a change order was submitted. This causes the room temperature to fluctuate drastically. *Immunizations - Gold Team*
34. Temperature of rooms. *Pediatrics - Gold Team*
35. Exhausts not strong enough to pull odors out before they migrate to offices directly across the hall. *Records, Mechanical 1C10/1C09 - Gold Team*
36. Inadequate ventilation--Examination confirmed that the exhaust fan was working. However suggest increasing the CFM rating of the exhaust fans. *Records, Men's Bathroom 1C10 - Gold Team*
37. HVAC not functional. *Family Practice, Doctor's Office 1K17 - Gold Team*
38. Airflow is excessive in periodontics room. *Dental, Periodontics DTR - Blue Team*
39. Coordinate thermostat locations with all equipment. *General - Blue Team*
40. Coordinate air handling unit (AHU) filter access with space in mechanical room. *Facilities, Mechanical Room 2AC3 - Blue Team*
41. Cooling is not satisfactory in these rooms. *Facilities, Communication Closets 1B08, 1 F10, 1J16 - Blue Team*
42. Cooling in this room appears to be adequate. *Facilities, Communication Closet 1K25 - Blue Team*
43. Be sure that return systems are laid out to avoid cross talk. *General - Blue Team*
44. Specify to tag piping and equipment. *Facilities - Blue Team*
45. The return fans in the AHU are constantly breaking belts. Had to send the fans back numerous times to get the bearings replaced. *Facilities, Mechanical Room 2GC1 - Blue Team*
46. The DDC computer console is located in this closet. It is remote from personnel. It should have been located in the facilities manager's office on the first deck. It could then be properly supervised and better utilized. *Facilities, Electrical Closet 2C20 - Blue Team*

47. Air handling unit (AHU) has bad access on the side against the wall. In order for users to change filters they have to remove some bracing from the "room" side of the unit. *Facilities, Mechanical Room 2AC3 - Blue Team*
48. The space above the racks is full of piping etc. that comes from the main mechanical room. It prevents the shelving from being stacked higher. It appears that the utilities could have been installed closer to the roof. It was noted that with the "just in time" delivery philosophy, higher shelving was not necessarily required. *Logistics, Warehouse - Blue Team*
49. Majority of the dental treatment rooms have the supply above the head of the patient chair and the return adjacent to the corridor wall. The return should be placed at the "foot of the patient" side of the room to help induce flow away from the dentist. *Dental Treatment Rooms (DTRs) - Blue Team*
50. This room is overcrowded and many pieces of equipment cannot be removed from this room without disassembly of other components (e.g., chilled water piping, steam piping, etc.) The dental air compressor, medical vacuum system and the condensate return pumps are just some of the affected components. Better coordination of this type of space is required in the future. *Facilities, Main Mechanical Room 1E02 - Blue Team*
51. Specify metering for domestic water where metering is required. Chiller room is crowded. *Facilities, Main Mechanical Room 1E02 - Blue Team*
52. Canopy hood is well constructed and performs well. *Dental, Prosth Lab 2A02 - Blue Team*
53. Ventilation within the commo. rooms on the first floor is inadequate. *MID, Closets - Blue Team*

PLUMBING:

1. Water filter system. *Pharmacy - Green Team*
2. Faucet with attachment for equipment not needed. *OCC HLTH/PREV, IH Lab 2D34 - Green Team*
3. Standard sink not needed. *Optometry - Green Team*

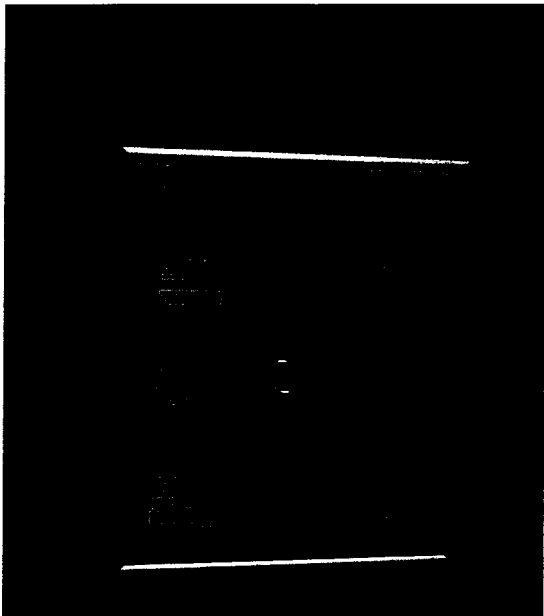
4. Pipe under sink should be padded for wheelchair access. *General, Toilets 2B19/2B20 - Blue Team*
5. Eyewash with no drain. *Dental, Darkroom 2A23 - Blue Team*
6. Distilled water was not provided but is needed. *Pharmacy, Mechanical - Green Team*
7. No distilled water system was provided. *Pharmacy, Mechanical - Green Team*
8. Shower and locker area has sink but no commodes. *Physical Therapy, Male and Female Lockers 2D11 & 2D12 - Green Team*
9. Gooseneck spigot is needed at sink. *Laboratory, Blood Draw Room 1B06 - Blue Team*
10. Eye wash station did not originally have a drainpipe; added during final part of construction. Vertical piping should be braced. *Laboratory, General 1A14 - Blue Team*
11. A china wall hung lavatory was provided here. No protection on exposed piping provided per ADA requirements. *Laboratory, Blood Draw Room 1B06 - Blue Team*
12. Foot pedals at lavatory are not accessible. With small cabinet below lavatory, pedals should be toward front of lavatory. *Dental Treatment Rooms (DTRs) - Blue Team*
13. Eyewash drains onto the floor. Need to provide piped gas for Bunsen burners. *Dental, Prosth Lab 2A02 - Blue Team*
14. Eyewash station does not have a drain. Appears to have been moved from its original location. It is very near the door now; the open door almost hits the exposed water tubing. *Dental, Prosth Lab 2A02 - Blue Team*
15. The eyewash in this room is located in the corner at the end of the casework. It would be more easily accessed if it were on the "end" wall of this room. *Dental, Darkroom 2A23 - Blue Team*
16. Provide propane/natural gas source to support mission. Users are currently using Bunsen burners that have to be constantly refilled. A local bottled gas system that is piped to the workbench would be more functional. *Dental, Prosth Lab 2A02 - Blue Team*

17. Sink in dark room is corroding due to chemicals used. *Dental, Darkroom 2A23 - Blue Team*
18. Higher goosenecks on sinks required. Current goosenecks do not allow for filling large buckets. Need to be 3" to 4" higher. *Laboratory, General 1A14 - Blue Team*
19. User added sensor operated device to hand washing sink in main lab area. This allows them to automatically have warm water without having to manipulate the faucets. User had to add de-ionization/reverse osmosis system to one of the sinks. *Laboratory, General - Blue Team*
20. Sinks not deep enough or goosenecks are not high enough to allow some bottles to be filled. *Laboratory, General 1A14 - Blue Team*
21. A drain had to be added for the emergency eyewash. The user would like a floor drain for the deluge shower. *Laboratory, General 1A14 - Blue Team*
22. No protective padding was provided on plumbing beneath lavatory as required by ADA. *Laboratory, Female Locker Room 1B12 - Blue Team*
23. No protective padding was provided on plumbing beneath lavatory as required by ADA. *General, Toilets 2D12/2D11 - Blue Team*
24. There is a big "hopper" type sink in this room, is it necessary? *Logistics, BMET Room 1D05 - Blue Team*
25. Sink spray too powerful and spray throughout. *OCC HLTH/PREV MED, IH Lab - Green Team*

MEDICAL GAS:

1. Medical gases are not required in this room *Laboratory, Blood Draw Room 1B06 - Blue Team*
2. Dental surgery needs to be provided with vacuum system. *Dental, Oral Surgery 2B03 and 2B05 - Blue Team*
3. Oxygen outlets not necessary. *Dental Treatment Rooms (DTRs) - Blue Team*
4. Air outlet is in bad location. *Dental, Central Sterile Room 2B13 - Blue Team*

5. Dental Air outlet for use in lubricating hand pieces is in a bad location. It is in the corner behind the sink and should be further along the counter top. *Dental, Central Sterile Room 2B13 - Blue Team*
6. All DTR's have a wall mounted oxygen outlet. This not required. *Dental Treatment Rooms (DTRs) - Blue Team*
7. This room has two nitrogen cylinders that are used to drive surgical tools. The user would have preferred if the nitrogen bottles were stored elsewhere and piped into the operatory. They have added small canisters of nitrous oxide to this room as well. The user says that no vacuum outlets were installed in this room and they had to add wall mounted vacuum outlets to scavenge the nitrous oxide. The corridor wall has 1 oxygen outlet and there are 1 oxygen and 1 medical air outlet on the sidewall. The two different oxygen outlets are not required; one would be sufficient. They do not use the medical air. *Dental, Oral Surgery 2B03 - Blue Team*
8. The only way to access the shut off valves for the medical air and oxygen systems is by a portable ladder. A permanent ladder (wall hung) should have been provided at this location, since these valves were intended to be used in the event of an emergency. *Logistics, Warehouse - Blue Team*
9. This is the correct location for the medical gas alarm panel. The user likes it being here where it can be properly monitored during working hours. After hours it alarms to the EMS room. *General, Facility Manager's Office 1D01 - Blue Team*



Picture 47

10. This clinic should not have centrally piped oxygen, medical air and medical vacuum systems. They are under utilized and are not cost effective. *Medical Gas System - Blue Team*
11. This room has oxygen, medical air and medical vacuum outlets. They are not needed here. *Laboratory, Blood Draw Room 1B06 - Blue Team*
12. The vacuum pumps for the oral evacuation system had to be sent back numerous times already. *Facilities, Main Mechanical Room 1E02 - Blue Team*

SECTION 11 FIRE PROTECTION

SUMMARY

There were not many comments concerning Fire Protection. Of those received, smoke shutters seem to be the biggest concern. There are problems operating them manually because they are hard to reach, heavy, slow to move and hard to reset after an alarm.

COMMENTS

1. Exit signs not visible from all areas in pharmacy. Is this regulation by NFPA?
Pharmacy - Green Team
2. Fire alarm system override due to doors closing. *Pharmacy - Green Team*
3. Sprinklers from 2nd floor too high to reach 1st floor (will spray most of the ceiling on 2nd floor before reaching the floor on 1st floor). *Lobby - Blue Team*
4. Security shutters tied into fire alarm; are not easily reset after fire alarm activation. *Pharmacy - Green Team*
5. Fire sprinklers appear to be mounted too high to be adequate. *Lobby - Blue Team*
6. Insure sprinkler coverage can reach entire room. Sprinkler heads located on one side of cable tray above racks preclude water coverage of entire room. *General, Comm Closet 1F10 - Blue Team*
7. Why is fire extinguisher located inside accumulator storage room? *General, Elevator Equipment Room 1C25 - Blue Team*

8. Roll-up shutters--Since the openings between the hallway and Records is in a smoke wall, the shutters have to close automatically when the fire alarm is sounded. When the alarm sounds, the shutters automatically close. In order to reset the shutters, the fire protection contractor must come back and wind the shutters back. In addition, the shutters are manually operated and are fairly difficult to open. Recommend use of a motorized shutter that automatically resets once the alarm clears. *Record Storage 1B18a - Gold Team*



Picture 48

SECTION 12 ELECTRICAL COMMENTS

SUMMARY

The majority of electrical comments centered on the perceived lack of lighting in numerous spaces such as Records, Pharmacy, Mental Health, Occupational Health, Physical Training, Education and the Command Suite. Offices with only one light fixture were especially criticized. The ceiling lights and wall sconces in the rotunda were noted as being very nice, but the user was having difficulty figuring out the best way to change the bulbs. Lighting over dental workbenches was also noted as being excellent.

There were some electrical comments concerning the additional need for emergency lighting. The staff wanted battery powered emergency lighting in treatment cubicles, oral surgery, blood draw room and laboratory. Users are going to replace some existing light fixtures with battery powered emergency lights.

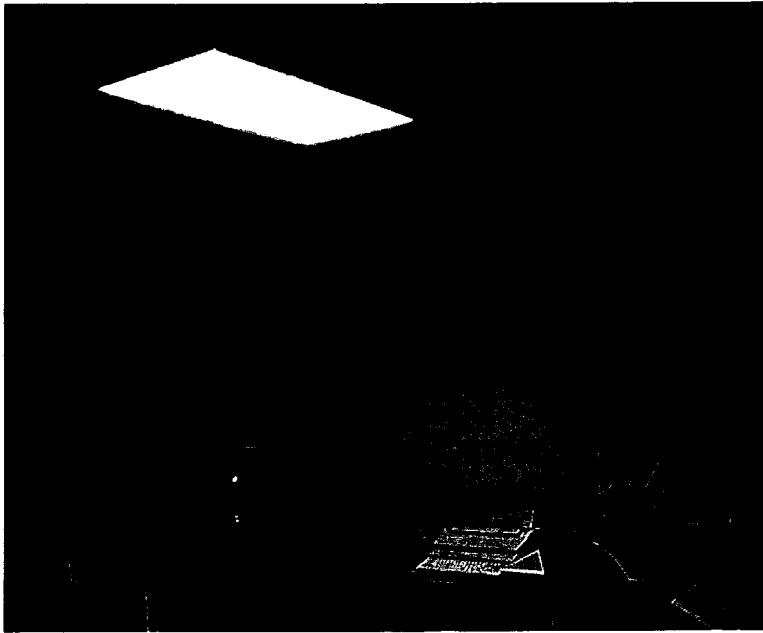
Other electrical comments concerned the number and location of switches and receptacles. The dental staff wanted more receptacles in the dental treatment rooms and the physical therapy staff wanted dimming switches and separate switches controlling the lights over each individual exercise station. There was also a safety issue concerning wall light boxes that have unsafe "pig tails" trailing to a receptacle low on the wall.

Also of particular note, the pharmacy staff cited security concerns that there was no intrusion alarm, no remote alarm, and no station level alarm connection.

COMMENTS

1. Recommend electrical outlet be placed near ambulances for maintenance and to plug in chargers. *Exterior, Ambulance Shelter - Gold Team*
2. Wired separate storage room for air analyzers (recharging e/o) and reefers for samples. Same with water lab. These could possibly be combined. Each requires approx 10' standup counter and works station for computer. *OCC HLTH/PREV MED, General - Green Team*
3. One light fixture, only. *Command Suite, Administration 2H13and 2H11 - Green Team*
4. Lighting in refill areas (interior) insufficient. *Pharmacy, Electrical - Green Team*
5. Insufficient number of outlets to accommodate equipment installed post construction during transition? *Pharmacy, Electrical - Green Team*
6. Poor lighting at drive up window. *Pharmacy, Electrical - Green Team*
7. IDS system not tied into PMO. *Pharmacy, Electrical - Green Team*
8. No IDS panic button on the inside. *Pharmacy, Electrical - Green Team*
9. More light at pharmacy drive-thru corridor. *Pharmacy, Electrical - Green Team*
10. Short on overhead lighting. Call for 8 fixtures only 4 in place. *OCC HLTH/PREV, Office 2F04 - Green Team*
11. Wanted individual lights for each exercise stations (people on F0355 station looking straight into light). *Physical Therapy, Exercise Station 2D07 - Green Team*
12. Design issues with lighting in this area. *Pharmacy, Drive-Thru Area - Green Team*

13. One overhead light. *Mental Health, General - Green Team*



Picture 49

14. Dim light in cubicles. *Physical Therapy, Electrical - Green Team*

15. Preventive Medicine half-light and vertical installed. A&E not involved with change. *OCC HLTH/PREV MED, General - Green Team*

16. Dark. *MID, Offices - Green Team*

17. Two to a room with one light fixture. *Command Suite, Comptroller - Green Team*

18. Afternoon light appears to be excessive. *General, Corridors - Green Team*

19. Dark; light fixtures different. *MID, Office - Green Team*

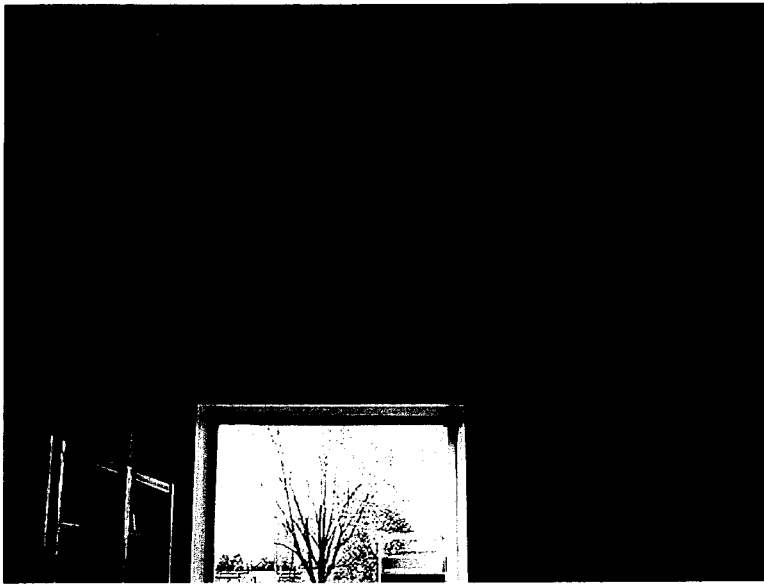
20. Need more exterior electrical receptacles (for landscaping maintenance).
Exterior, General - Blue Team

21. Not enough receptacles outside for maintenance of lawn care and outside ceremonies. *Exterior, General - Blue Team*

22. Too dark. Should have two ceiling lights, not 1. *Dental, Consultation - Blue Team*

23. 4 Person offices need more than 6 fluorescent lights. *OCC HLTH/PREV MED, Office 2F04 - Green Team*
24. Need two lights in standard 100 square foot room. *General, Lights - Green Team*
25. The lighting in the mirror room should have had a dimmer switch. *Mental Health, General - Green Team*
26. Each light over each patient table/bed should be switched separately. *Physical Therapy, Electrical - Green Team*
27. One light fixture. All office spaces with 1 ceiling light. *Mental Health, General 2C08 - Green Team*
28. Rooms do not have enough light. Condition does not comply with contract documents. *OCC HLTH/PREV MED, Office 2F04/2F04a & 2G08 - Green Team*
29. Rooms have different lights than other spaces/rooms. *Education and Training, General 2H01/2H01a - Green Team*
30. Only has one light but probably needs two (double office). *Education and Training, General 2H13 - Green Team*
31. No intrusion alarm. No remote alarm. *Pharmacy, Electrical - Green Team*
32. Need to be able to dim light in treatment cubicle. *Physical Therapy, Electrical - Green Team*
33. Double office with only one light. *Education and Training, Management Analyst - Green Team*
34. After hours lighting could be cut in half. *Education and Training, General - Green Team*
35. 2x4 light switches inside curtain rooms; would be nice to control light to PT. *Physical Therapy, Electrical - Green Team*

36. Lighting at pharmacy drive-thru window is inadequate. *Pharmacy, Drive-Thru Window 1A02 - Green Team*

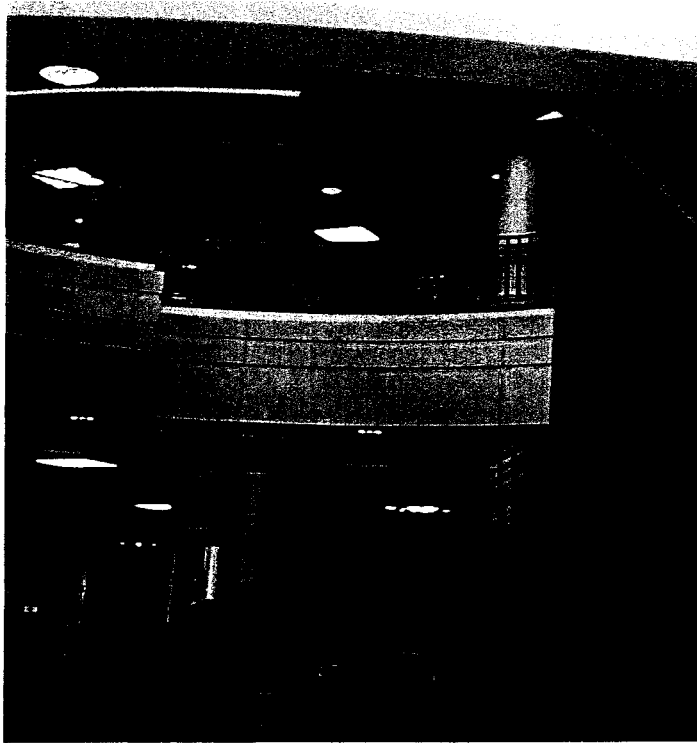


Picture 50

37. Very happy with lights. *Optometry, General - Green Team*
38. No station level alarm connection. *Pharmacy, Electrical - Green Team*
39. Provider's offices are too dark *Mental Health, Offices - Green Team*
40. PA system/FA not heard in offices. *Optometry, PA system - Green Team*
41. Separate switches for lights over tables. *Physical Therapy, Electrical - Green Team*
42. Room is too dark. Narc safe too small for pharmacy; used for MWR. *OCC HLTH/PREV MED, General - Green Team*
43. Light box has pig tail; bad. Safety hazard *OCC HLTH/PREV MED, Exam Rooms - Green Team*
44. Preventative medicine room has insufficient lighting. *OCC HLTH/PREV MED, Office 2F04 - Green Team*
45. Room lighting is adequate but at least one fixture must be on emergency power. *Laboratory, Blood Draw Room 1B06 - Blue Team*
46. In floor electrical outlet within 15' of emergency shower. Should not have in-floor electrical outlets in a wet floor situation. *Laboratory, General 1A14 - Blue Team*

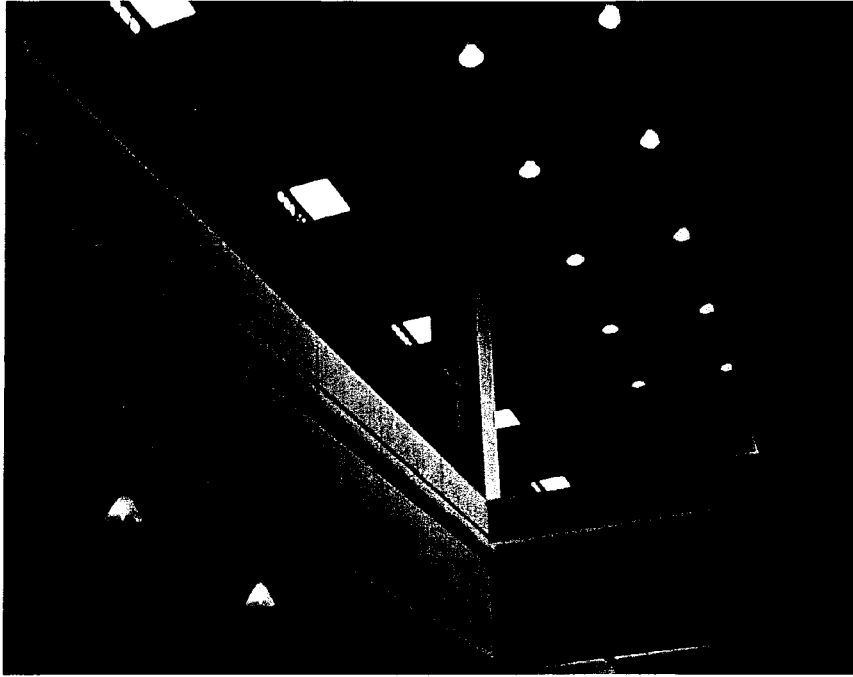
47. Recommend electrical outlet be placed near ambulances for maintenance and to plug in chargers. *Exterior, Ambulance Shelter - Gold Team*
48. Reefers should be connected to secondary power and all centrally located in one area or tied to a beeper system. *Family Practice, General - Gold Team*
49. Bell for elevator sounds like Patient Admin service bell. *Records, Electrical - Gold Team*
50. Lighting layout and film file storage units are not coordinated properly. *Radiology, Electrical 1F20 - Gold Team*
51. Lighting is ok in offices due to outside windows and task lighting. *Records, Electrical - Gold Team*
52. Need intercom for long hallways. *Immunizations, General - Gold Team*
53. Ground fault protection--GFI was not provided at the sinks in the exam rooms or the offices equipped with plumbing boxes for possible conversion to exam room in the future. Suggest that any electrical outlet within 6' of the sink be provided with GFI protection. *Pediatrics, Exam Room 1G19 - Gold Team*
54. No GFI provided at all. *General, Electric - Gold Team*
55. Intercom would be beneficial *General, Front Desk - Gold Team*
56. Poor lighting. It is difficult to see x-ray view. *General, Doctor Office - Gold Team*
57. Lights are too low and do not have protective cages on them. *Logistics, Warehouse - Blue Team*
58. Not enough electrical outlets. *Dental, Prost Lab 2A02 - Blue Team*
59. At a minimum the following areas should have been provided with battery powered emergency lighting: treatment cubicles, oral surgery, blood draw room. Users are going to replace the existing light fixtures with battery powered emergency lights. *General, Emergency Lights - Blue Team*
60. No emergency lighting provided. Recent power loss occurred with patient in chair during phlebotomy. Needle in place at time of power loss. *Laboratory, Blood Draw Room 1B06 - Blue Team*
61. One 2'x4' light fixture is not enough. It is dark in this room. *Dental, Endo Consult Room 2A09 - Blue Team*

62. Light is adequate. No shadows on patient in blood draw chair. No emergency lighting provided in this room and is needed. *Laboratory, Blood Draw Room 1B06 - Blue Team*
63. This room has a protective cage over the exposed light bulb in the ceiling fixture. Why weren't cages specified in all the mechanical/electrical spaces? *General, Elevator Equipment Room 2C19 - Blue Team*
64. This room is too dark. One 2'x4' fixture is not enough. *Dental, Branch Director Office 2B06 - Blue Team*
65. Lighting over workbenches is excellent. *Dental, Prosth Lab 2A02 - Blue Team*
66. Lights in rotunda and wall sconces are nice, but the user is having difficulty figuring out how to change the bulbs. The cover on one of the sconces has fallen off and they are trying to figure out the best way to put it back on. *Lobby, Rotunda Area - Blue Team*



Picture 51

67. Canned lighting in high ceiling above reception desks is difficult to change.
Users may have to get a cherry picker to change the light bulbs. *Lobby, Waiting
Areas - Blue Team*



Picture 52

SECTION 13 COMMUNICATION AND DATA

SUMMARY

There was a general desire for more voice/data drops. Along with the desire for more voice/data outlets, it was also felt that the placement of voice/data outlets throughout the dental clinic was inconsistent. Outlets were placed at different locations in similar rooms, beneath the casework in some instances, and on top in others. A more consistent plan would have been better.

There are some problems with the existing intercom's features and a desire for more capability. Dental wanted a general "call" throughout the department and Family Practice wanted an intercom system installed in all exam rooms.

Communication equipment locations were satisfactory but the main telephone room was too small and had to be enlarged. Also a separate conduit was not provided for the cable TV to enter the building. The cable company ended up using a spare duct from the communication ductbank.

COMMENTS

1. Provide more power outlets and voice/data jacks. *General, Reception Counters 1GC4, 1HC3, 1LC3 - Blue Team*
2. Could use data drops on clean side. *Dental, Central Sterile Room 2B13 - Blue Team*
3. Only one data drop connection (computer). Need more for another computer (future) and telephone in future, will be wireless not hardwired. *Dental, Clean Linen 2C05 - Blue Team*
4. Flat screen computers would be great at the "check-in" desk. More room. *Family Practice, Reception Desks - Gold Team*
5. Computers overall should not have been placed facing the door. Patient confidentiality problem and JCAHO violation. *Records, General - Gold Team*

6. Telephone/fiber optic--the main telephone room was too small and had to be enlarged. *MID, Comm Closet 1F10/2H10 - Gold Team*
7. Back turned away from door when working due to data drops; make visibility of or patient. *Immunizations, General - Gold Team*
8. Consolidate all data and voice drops into an integrated voice/data RJ45 patch panel. This would provide more flexibility with voice and data management. It would reduce overall costs through multi-use. *MID, General - Blue Team*
9. The communications closets within the clinic are adequate to support all installed equipment. The BDF Room 2H10 needs to be expanded to accommodate the telephone, data and King Fisher equipment. Increase the size by 1/3. Ventilation within the commo. Rooms on the first floor are inadequate. *MID, Closets - Blue Team*
10. The placement of voice/data jacks throughout the dental clinic is very inconsistent. Some of the outlets are on the corridor wall; others are beneath the casework on one sidewall and on the other wall in different rooms. A more consistent location would have been better. *Dental, Dental Treatment Rooms - Blue Team*
11. The "intercom" system provided in the dental treatment rooms (DTRs) only allows the user to call DTR to DTR. They cannot do an "all call" from these rooms. *Dental, Dental Treatment Rooms - Blue Team*
12. Data--The number of servers required substantially more space than originally planned. An office had to be taken to provide sufficient space. *MID, Comm Closet 1F10/2H10 - Gold Team*
13. A new air conditioning unit had to be provided for sufficient cooling for the additional servers. *MID, Comm Closet 1F10/2H10 - Gold Team*
14. Cable TV--A separate conduit was not provided for the cable TV to enter the building. The cable company ended up using a spare duct from the communication ductbank. However telephone does not like TV cable people in the same manholes, since the cable personnel have damaged telephone cable in the past. *MID, Comm Closet 1F10/2H10 - Gold Team*
15. The data/voice drop in this room is below the work surface of the desk. Since no grommet was provided in the desk, someone drilled an oblong hole in the desk to make a pathway for the phone line. *Dental, Prosth Lab 2A02 - Blue Team*
16. Intercom systems should be installed in exam rooms. *Family Practice, Exam Room - Gold Team*

SECTION 14 CONSTRUCTABILITY AND MAINTAINABILITY COMMENTS

SUMMARY

Comments concerning how well the building was constructed were generally favorable, with the brickwork being consistently praised for its quality of workmanship and aesthetic detailing.

The major complaint concerned floors that were not level. The uneven floors in turn affected the floor tile and its appearance, which the clinic staff and team members described in terms of rolling, cracked, uneven and warped.

Cracking was also noted in some walls but this was perceived as a minor problem.

The most significant maintenance problem centered on wall and ceiling repair, caused by leaks in the areas below the flat roofs. Some other maintenance comments addressed the need for kick plates on some doors and the rubber nosing on the stairs which had been replaced once already because the edges were breaking.

COMMENTS

1. Paint peeling between 1st and 2nd floor lobby area (near education and training).
General, Lobby Area - Blue Team
2. Cracks in floor slab reflecting through terrazzo floor covering. *Pharmacy, Pharmacy Waiting 1AC2 - Green Team*
3. Rolling floor *Physical Therapy, Constructability - Green Team*
4. Warped floor; construction error. *Physical Therapy, Constructability - Green Team*
5. Uneven floor. *Mental Health, Phone Appointments 2C13 - Green Team*
6. A mod during construction added a console with a sink. The original sink should have been deleted. *Optometry, General 2D30/2D30 - Green Team*

7. Window to lobby is not constructed properly; should have a shutter and no glass in steel frame. *Physical Therapy, General - Green Team*
8. Pass-thru windows do not comply with the contract documents. They do not present the "high degree" appearance needed at the main entrance lobby. Drawer at drive-up window leaks air; cold in winter. *Pharmacy, Constructability - Green Team*
9. One of metal studs supporting CHW (supply/return lines) not lined up evenly with other metal studs. *General, Mechanical Room 2AC3 - Blue Team*
10. Ceiling in lab has bow in it. *OCC HLTH/PREV MED, Water testing lab - Green Team*
11. Need expansion joint on top of door. *General, Command Suite Corridor 2H20 - Blue Team*
12. Holes in plaster at door (interior of offices). GYP control joint problem. *Records, Constructability - Gold Team*



Picture 53

13. Needs fire seal in the door. Valve is leaking. *General, Elevator Equipment 2B24 - Blue Team*

14. Overhead doors in shipping/receiving area leak; space becomes flooded (ROICC has been notified). Flat roof leaks. Panic hardware on exit doors. (Security after hours) *Exterior, General - Blue Team*
15. Need more expansion joints (cracks in walls, floor). *General, Construction - Blue Team*



Picture 54

16. Concrete curbs spalling already. All flat roofs are leaking, ponding visible throughout. At retention pond, fencing has a 1' gap at concrete drain chute; small child can slip under into pond. Cleanout caps too high above ground; grounds maintenance crews knocking caps off. Rolling door at logistics leaks in door proper; also at base of door jams-not sealed at slab. Handicapped door button, east entrance, doesn't work consistently. *Exterior, General - Blue Team*



Ponding

Picture 55

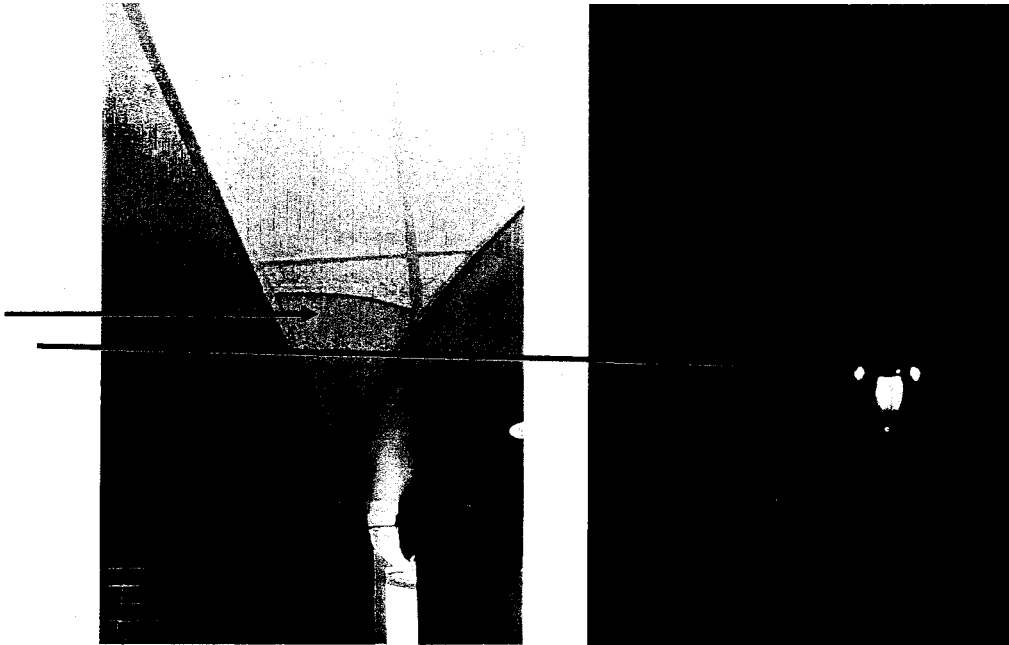
17. Poor coordination of casework and utility services in room--building and outfitting; electrical had to be added at west wall bench. Casework supplier needs early involvement in design and construction of project. *Dental, Prosth Lab 2A02 - Blue Team*
18. Floor is not level. *Physical Therapy, Exercise Station 2D07 - Green Team*
19. Floor has a hump. *Mental Health, Phone Appointments 2C13 - Green Team*
20. Not enough slope for drain in shower. *General, Shower - Blue Team*
21. Need for more expansion joints in walls throughout the clinic. Walls are cracking over doorways. *General, Construction - Blue Team*
22. The large retractable doors onto the loading dock leak through the slats when it rains. *Logistics, Warehouse - Blue Team*
23. The push button for the handicapped accessible exterior door works only sporadically. *Exterior, Patient Drop Off - Blue Team*
24. The casework was designed by a separate contractor. The electrical outlets planned for use with the long equipment bench are not accessible and power strips are now being used. In the future, this should be better coordinated. *Dental, Prosth Lab 2A02 - Blue Team*
25. Had to replace the rubber nosing on stairs once already because the edges were breaking on it. *General, Stair Well near Logistics - Blue Team*
26. Half of lights and ventilation were eliminated? A/E was not used for final inspection. Electrical inspection was never requested. *OCC HLTH/PREV MED, Office Area - Green Team*

27. Cracks in the floors; some have been repaired. *Logistics, Receiving 1E01 - Blue Team*

28. Punch list before ceiling grid and tiles are installed. Found holes in smoke wall (flammable hazardous storage rooms 1D08 and 1D09) on inspection before JCAHO inspection. *General, Construction - Blue Team*

29. Many leaks from roof. Walls have been damaged. Appears leaks come from flat sections of roof. These leaks need to be fixed before further damage is done to the building. *General, Roof Leaks - Blue Team*

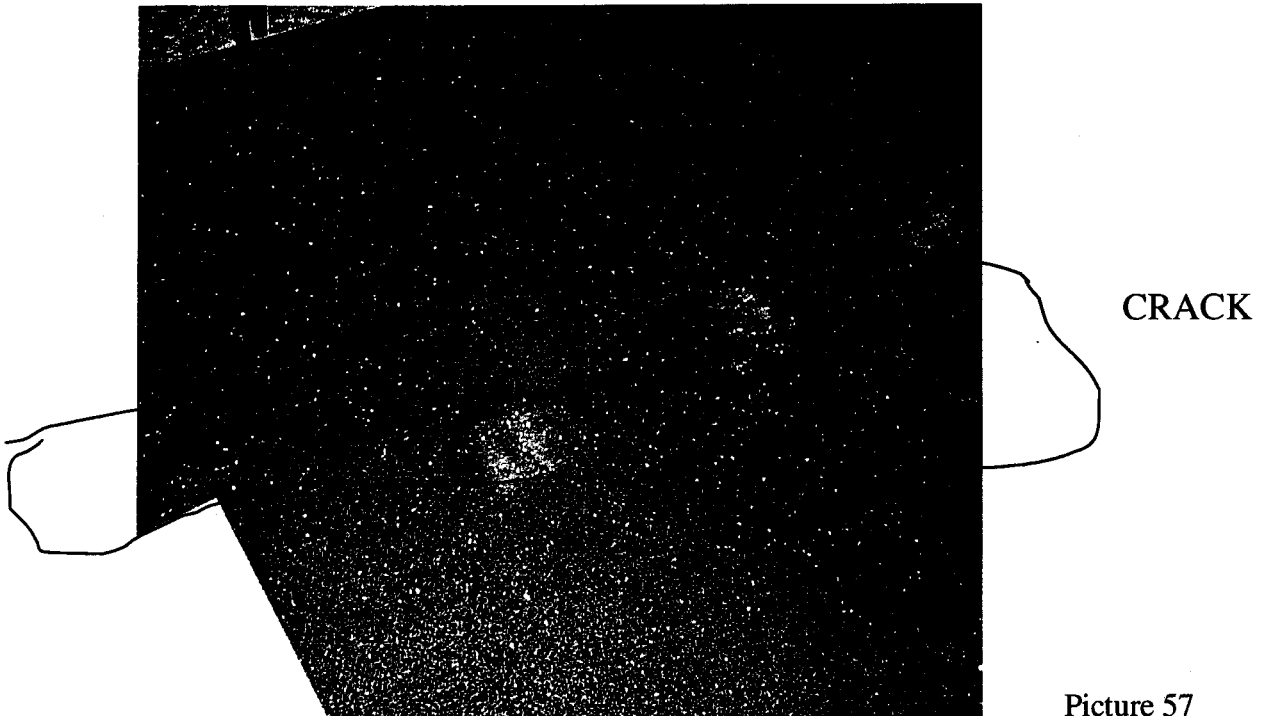
Stains



Picture 56

30. Alcoves are adjacent to rooms 2G12/2G18. These spaces have been used for copies, printers, etc. Users had to add data outlets here. *General, Clean/Soiled Alcoves - Blue Team*
31. Numerous cracks were noted in the terrazzo flooring along the main waiting spaces. *General, Floors - Blue Team*
32. Floor has hump. *Physical Therapy, Constructability - Green Team*
33. There is a leak from the roof directly over the panograph machine. *Dental, X-Ray Room 2A22 - Blue Team*
34. No bracing was provided for an elbow in the piping. When the elevator moves the piping moves around causing leaks. The motion of the lower section of the piping has bent one hanger rod on the top of the piping run. Proper bracing should be provided. *Facilities, Elevator Equipment Room 2B24 - Blue Team*

35. Some structural cracks in concrete show through floor finish. *General, Construction - Gold Team*
36. Terrazzo. Slab below was cracked. Fiber in concrete. Question on fiber. *General, Construction - Gold Team*
37. First deck at pharmacy-cracks back (may be part of fiber in concrete in lieu of steel mesh). Temperature change could affect this. *General, Floors - Gold Team*
38. Continue to have roof leaks. *General, Roof - Gold Team*
39. Crack in concrete shows thru seamless vinyl floor in toilet. *Radiology, Toilet 1F12 - Gold Team*
40. Floor cracking--Cracking of the concrete floor has been experienced in the past throughout the first floor. The problem appears to be caused by two items. First item is that this is a large floor area without expansion control joints. The second item involves the use of fiber in the concrete. Rather than using metal reinforcing in the concrete, the reinforcement was fiberglass fibers. Recommend in the future providing more expansion joints and using metal reinforcement in the concrete. *Records, Records Storage 1B18a - Gold Team*



41. Concrete corners on planters very sharp. 2nd floor-wet area on ceiling tile.
General, Lobby - Gold Team
42. Maintenance personnel are damaging the bottom of columns and walls with floor cleaning equipment. *General, Maintenance - Blue Team*
43. Need kick plates. *Records, Maintainability - Gold Team*
44. The return fans in the AHU are constantly breaking belts. Had to send the fans back numerous times to get the bearings replaced. *Facilities, Mechanical Room 2GC1 - Blue Team*
45. The vacuum pumps for the oral evacuation system had to be sent back numerous times already. *Facilities, Main Mechanical Room 1E02 - Blue Team*
46. Countertops are pulling away from walls. Not sure if this is due to lack of backing support in the wall or personnel sitting on the countertops due to their low height. *Dental, Dental Treatment Rooms (DTR) - Blue Team*

SECTION 15 PRE-POE STAFF COMMENTS

SUMMARY

These comments represent the Clinic Staff's response to their new clinic. Various members of the clinic staff, representing different departments, were requested to provide some of their reactions and concerns about the new clinic prior to the POE visit. This was to provide the POE Team with preliminary areas to be especially aware of during the evaluation process. These initial comments were reviewed by the POE teams and incorporated into discussions with the Clinic Staff during the POE. Many of the Staff's concerns such as uneven floors, lack of lighting and inflexible signage became major issues incorporated into the POE.

COMMENTS

1. Locks on all exterior doors--The locks that are currently installed on all exterior doors meet ADA code for the single hand turn knob for egress. However, when the building is secured, it does not prevent staff or patients from exiting the building and leaving the building unsecured. We have had incidents where a staff or patient exited through the rear doors and the doors were left unlocked. A stranger walked into the building and attempted to enter an exam room where a patient was. We are currently going through a JOC project to have panic hardware installed on all the exterior doors so the doors can be locked and still provide egress in case of emergencies. *Operations*
2. Electrical outlet behind credenza does not work. *Administration, Director's Office 2B06*
3. Leak in ceiling. *Dental, O.D. Hallway, 2A20 and LCPO Office 2C02*
4. Counter coming apart from walls. Counter chip. *Dental, 2B26*
5. Cabinets coming apart from walls. *Dental, 2A25*
6. Leak above pano machine. Leak underneath sink in dark room. *Dental, X-RAY 2A22*

7. Dents in passageway by locker rooms. *Dental*
8. Door lock does not work. Leak in passage by the door. *Dental, LAPO Office 2A17*
9. Need more sockets. They have to use an extension cord. Water in airlines that cannot be purged out. *Dental, LAB 2A02*
10. Formica trim on cabinets peeling off. Formica trim on mobile cabinets peeling off. Broken wheel on mobile cabinet. High-pressure air connection at counter top area sticks out far; takes up valuable space on counter top. Sliding door on cabinet above counter top sticks and is causing peeling of Formica trim. *Dental, PROS 2A03*
11. All operatories should be checked for counter tops pulling away from the wall and peeling of Formica. *Dental, Operatories*
12. Formica trim on cabinets and mobile cabinets peeling off. *Dental, 2A05*
13. The warehouse is too small to meet all of the command's storage needs. Need an additional 200-700 square feet. The workstations need to be enclosed and sound proof to protect employees from excessive noise and temperatures. Equipment storage cage is too small for medical. Medical needs a cage that dental currently has. Need to have a rear exit added to the back of the warehouse for safety. Need to add a keyless lock to the double doors to allow access of key people who store items in the warehouse. The swipe card registers the person each time they enter and exit the warehouse. Need to add a speaker inside of the warehouse that will allow the staff to hear announcements over the PA system. *Logistics, Warehouse*
14. At times it rains the roof leaks in several areas. *Logistics, 2H04*
15. Office located at rear of laboratory requiring visitors to walk through lab testing area (biohazard area). Office should have been located at the front of the laboratory possibly in the area where rooms, 1B02 and 1B03 are located. The space occupied by this office should have been made part of the main laboratory. *Laboratory, Lab 1A13*
16. Room not large enough; no room for reclining phlebotomy chair. Has to be kept in accessioning area when not in use. If chair is used, only one patient can be seen at a time extending the waiting time for other patients. Room should have been at the very least 12'x12'. *Laboratory, 1B06*

17. Holes from bulletin board. Reinstall. Section (O/H) storage pulling apart.
Managed Care, 1C13
18. Desks should be set up to allow privacy for computer screens plus allow for face-to-face conversations. *Managed Care, 1C14*
19. Throughout the building there are "vent protrusions" or other structural elements that stick out in the room that create difficulty when trying to establish functional floor plan for furniture layout. The lighting sensing mechanism is too low in most rooms and is located adjacent to the light switch, and covered by furniture or bookshelves. Placing the mechanism higher in the room, i.e., by the clock, will prevent the lights from going off when people are in the room and detect motion more readily. Desks with peninsulas should be considered for most if not all of the office spaces. Carpet should be in all office spaces; the current colors are fine. The end tables, like those found in the duty rooms or LT Blakey's office, would be nice in all offices spaces and a lamp as well. *Administration, Business Office 2G19*
20. The current design requires patient in gown to travel past waiting room to enter into ultrasound room. Rooms 1G08/09 are attached to 1G10 and if access were available directly into 1G10 from the dressing rooms it would avoid this potential for a violation of patient privacy. *Radiology, Dressing/Ultrasound 1G08/9/10*
21. Electrical outlet for refrigerator, coffee counter and another at drive through for safety concerns of cords being outstretched. *Pharmacy, Dispensing 1A03*
22. Centralize records within the clinical spaces; if not, space saver cabinets. Currently staff has to get on their knees to file and pull records. Intercom system from records to clinical spaces to prevent clinical staff to have to call for a record. Robotic dummy waiter to deliver and pick up records. *Records*
23. Suitability screeners. Need peninsulas added to desks to allow them to face the patient when conducting their screening and prevent the patient from viewing their computer monitor. *Records*
24. It would be nice to have a staff unisex restroom and turn the other restroom into a combined coffee mess for the staff in the back hallway. There is no lounge or break room for staff to go in this back portion of the building. Forcing staff to eat and drink in their office space. *Records*

25. Clinical spaces: 1) Treatment rooms need curtains; patients are exposed. 2) Immunization and treatment rooms should have an emergency call button to call for immediate assistance. 3) Provider's offices: desks should have peninsulas attached to prevent the providers from having their backs to the patients.
Treatment
26. Counter coming apart from walls. *Supply, 2BO1*
27. Numbering of the rooms is confusing; there should be consistency in the numbering. Cabinets at front should have locks to lock records up. Front counters provide no security to computers or telephones. Staff lounges need to be larger. Gray bins for linen are not appropriate. Clinic should be outfitted with rolling round linen hampers to prevent the least amount of contact with the linen.
General,
28. Herman Miller lockers should all be outfitted with locks. 2) Each clinical space should be outfitted with a key box to secure area keys. *General*
29. Need emergency button for assistance. Thermostat located directly behind reefer; unable to control temperatures. Call button from check in counter to immunizations to notify staff of a patient arrival. *Immunization*
30. The drive-thru window area needs more lighting to best facilitate better vision on all medication bags, for clarity. Location of lighting is needed above the computer terminal and above the refill bins (carts). *Pharmacy, Dispensing 1A03*
31. Light source is needed above window number one, next to main door. The light source at this time is inadequate for proper viewing of the task at hand.
Pharmacy, Dispensing 1A03
32. Internal power generator, like Lab, for refrigerators. Needed for days of power outages greater than 3 hours in length to keep medications cold so that we do not have to place medications with laboratory items. *Pharmacy, Dispensing 1A03*
33. External storage area for excess items, location near to pharmacy versus the current means of storage: warehouse. A place where we can store our bulk medications to keep our NIS rate down. *Pharmacy, 1A03*
34. Patient complaints of location of signs for drive through. Need bigger signs or more infuses on the way to the drive-thru window. *Pharmacy, 1A03*
35. Location indicators of which window is 1, 2, or 3..., Pharmacy, 1A03

36. Decrease the size of the front windows. Parents/guardians place children on counter space. Also keep the privacy between patients and pharmacy staff when patient education is being performed. *Pharmacy, 1A03*
37. Place a mirror on a pole adjacent to drive through window to better facilitate viewing of any patient(s) located on the side where visibility is poor. Especially when the vehicle is low to the ground. *Pharmacy, 1A03*
38. Fan/heat blown too loud in room R00412. *Dental, 2B02*
39. Redo the speaker (intercom) system to better facilitate communication with patients through drive-thru without stopping task to press speak button on the wall unit. Wall unit plus plug in for walk about capabilities while conversing with patient. *Pharmacy, 1A03*
40. Secure extra breakout locker above other locker to have access to more narcotics on hand. *Pharmacy, 1A03*
41. Rooms 2F11/9, 2G25/26/29/30: There is a defect in the floor of the classroom. Specifically there is a "hump" in the middle of the classrooms. This raise in the floor makes it extremely difficult to maneuver the middle of the classroom divider (if it was installed). *Education, Classrooms*
42. These rooms were initially outfitted for whiteboards and screens. These items were never installed. *Training, Classrooms*
43. The mounted televisions in these rooms were mounted to close to the middle divider, making it near impossible to have the middle divider open. The TVs should have been mounted away from the middle of the classroom, laterally from where they are currently. *Training, Classrooms 2G26/30*
44. The desks are too large to place as outlined in the blueprints requiring the classroom to be configured with the desks/PCs facing each other toward the middle of the classrooms. Students have to turn their heads side ways to view the front of the classroom. Ironically the desks are actually too small to fit two students side by side comfortable at each workstation. *Training, Computer Classroom 2F11*

45. Carpet in the classrooms is nice to have from a noise and comfort standpoint. However the rooms may have been better served with laminate due to the wear and tear on the carpet particularly after large courses such as EMT. The desk and chair configurations have not served us well. The desks are too small and it is difficult for the student to maneuver. We would have been better served with tables and chairs for our classrooms. It would be nice to have the In-Focus Machines mounted from the ceiling. Too many black bookcases. I think the classrooms have been used to store these, as I cannot account for all the bookcases on my inventory. *Training, Classrooms*
46. Rooms designed/laid out so person's back and computer monitor are to the door. This allows for reading over the shoulder without your knowledge. *Administration, Personnel*
47. Space is not secured. All work/files must be removed from baskets and desktops and locked inside desks during absences and when securing for the evening. *Administration, Personnel*
48. The allotted space is too small for check-in. Optometry, *Patient Check-in 2E08*
49. Leak in ceiling. Lock does not work on door R00410/R00413. *Dental, Lounge 2B07*
50. These rooms are equipped with 2 sinks each, which is a waste. The soap and paper towel dispensers were hung at the less accessible of the 2 sinks. *Optometry, Exam Room 2D31/2D39*
51. Temperature control needs attention. Optometry often very cold; staff sometimes must wear jacket in building. *Optometry, Various*
52. Too large of rooms. Poor temperature control. Two doors; walk through-traffic pattern poor. Lighting poor in reference to computers. Electrical floor covers safety hazard. Many people stumble on electrical cover on floor. Not conducive to patient care as my job entails. *OH/PM, OCC Health/Industrial Hygiene 2G08*
53. Sink would be better located in corner of the room than the back corner. Locker and refrigerator are too close. Difficult in opening refrigerator door; bump into locker. *IH, IH LAB 2D34*

54. Traffic - People enter one door and exit through other as a short cut.
Recommendation: Keep door(s) locked. Occupational Health nurse in room with IH Technicians. Tech exposed to sensitive patient information.
Recommendation: Give nurse own office. Copier in room--distraction when working (increased traffic in area). Recommendation: remove copier from room.
4) Floor--Not cleaned or waxed. Recommendation: housekeeping should clean periodically. *IH, 2G08*
55. Faucet--wrong nozzle. Recommendation-change nozzle. Furniture--Bulky.
Recommendations: Set up counter against wall. This will increase space in work area. *Laboratory, IH LAB/Calibration 2D34*
56. Excess equipment, inability to access shelves on wall. Recommendation:
Remove equipment. *Laboratory, Storage 2G07*
57. OH Nurse, Susan Weaver, should not be sharing a room with the IH techs due to patient's privacy when there are at least two other empty rooms for patient privacy. Need to remove printer/copier/fax machine from this room to discontinue non-stop traffic in our office space. The floor is dirty and scuffed up. This room has two doors with two different locks and nobody in our clinic has the key. These complaints filed September, 2000. Trash needs to be disposed of daily in offices. *IH, IH TECHS/OH Nurse Station 2G08*
58. Drawers in lab console next to water sink need to be completed. Water faucet nozzle needs to be removed at water sink so that you will not get wet every time you turn the water on. Lab is too small for equipment and to be used as a work area. *Laboratory, IH Lab 2D34*
59. Leaks in ceiling. *Dental, 2A16*
60. Poorly constructed stalls in restrooms through the clinic. Cheap pressboard with screws in braces that are much too short to withstand the wear and tear of opening and closing stall door. (I have been locked in bathroom stall on two occasions; it took me 10-15 minutes to get out). Sanitary sheets are needed for stool tops. Bathrooms need to be cleaned on a daily basis. *General, Male Restroom 2F03*
61. CO's office is too small. Furniture is too large. Site measurements could not have been done. This should be a requirement. You can look directly into the CO's office. *Administration, CO Suite*

62. No storage space--We are required to maintain financial documents for five years and not having any storage space is creating problems. Sharing storage space with other department is not a good idea. Boxes get mixed-up/moved around by other department. Having old documents intact is imperative for our research in clearing old invoices, etc. There is no space to keep refrigerator, microwave oven and other quality of life amenities in the immediate area. We are unable to control room temperature. There are so much wasted spaces that are architecturally designed to enhance appearance but could have been used to create more working/storage/lounge space. *Administration, 2H11*
63. Building - Wasted space on 2nd floor layout with large open area overlooking 1st floor spaces and several unnecessarily large bathrooms, leaving small cramped office work areas, offices without windows, little or no storage spaces and inadequate lounge area. Space allocation--Resources Directorate could benefit from at least one more office. Office furniture--Desks are too awkward and hard to move, not enough desktop space/work area. Chairs are very good. Automated equipment, telephones, etc. --Excellent. Safety--From the 2nd floor there is no middle area exit. Personnel must go to either end of the building to get to a stairwell. Heating/cooling inadequate; cannot be thermostatically controlled within each office. Hallways and many offices are too often very cold. The information desk on first floor, front of the building is located directly in front of the doorway, which causes a very drafty, uncomfortably condition for receptionists/information personnel who work there. Parking--Sometimes inadequate for staff and patients. Aesthetics--The building design is beautiful outside and has a very nice appearance on the inside, but the design does not lend itself to efficient work areas for support staff. *Administration, Offices 2J06*
64. Limited space. *Administration, TPC Billing 2J06*
65. In my opinion the building is pleasing to the eye, but definitely not constructed with the overall mission in mind. There is a lot of wasted space on the second deck that could have been used for more office space/patient area. The fact that we have only been in the building for 6 months and already feeling slightly cramped is an indication of things to come. *Administration, Clerical 2J07*
66. Regards programming, in space intended for multiple occupancy, I feel that more space should be allotted rather than shoehorning 2 individuals into a single occupancy space. Also don't waste space and don't forget about file storage. Regards design--Each division/directorate should have sufficient space for all coworkers and include a break-room area. Users should be asked what furniture is required in their space. Also, rooms/offices should be able to be temperature controlled individually. Constructibility--There should not be rain stains on ceiling panels prior to 6 months of occupancy. *Administration, Clerical 2J07*

67. Installed work station improperly; it is not efficient and doesn't allow easy access to the files. Another major problem, when the admin space was designed, patient privacy was not taken into account at all that's why we subsequently got a wall put between the admin and waiting areas. The wall caused problem with adequate heating of the waiting room area but this has been resolved with the release of the thermostat in admin area. *Mental Health, Administration 07*
68. File cabinets are substandard quality; top sliding drawer has already had broken parts. Main door to mental health clinic has button lock on door that too easily locks. *General, Administration 07*
69. Admin (07) waiting room, group room (2C14), and offices (2C10,11 & 12) were extremely cold from September through January 01. The prescriber setting was not nearly warm enough. Additionally, offices 2C10-12 are on an outside wall and inadequate insulation and caulking around windows contributed to the frigid spaces. *Administration*
70. Counters coming apart from wall. *Dental, Endo 2A15/14*
71. Re-design setup of modular workstations. (Insufficient amount of tabletop working surfaces in most areas). Consider a better grade of bulletin board. Thickness of cord does not permit proper thumbtack support. Bottom metal tray is a bump hazard if chairs are placed under board. Deep sinks not needed in every housekeeping closet. Eliminate some to allow for additional storage racks. Rear corridor needs center stairwell between first and second floors, as well as door into patient-care areas. Physical therapy should not be located on second floor. Insufficient warehouse space. Permanent workspaces should not be located in warehouse. Purchase floor-based lockers. Free standing lockers with legs present tip over hazards. Metal legs are also prone to damage. Usage span is definitely shorter. Staff shower stalls need beams to prevent excess water on floor. Install childproof electrical outlets throughout building. In future facilities ensure plumbed emergency eyewashes are equipped with plumbed drains (should be included in initial building spaces). *General*
72. Air curtains. Due to the layout the front desk is located just inside two sets of doors. With wind, snow or rain the temperature at the front desk is not controllable. We have set up space heaters so the front desk staff would not freeze. We came into the building at the end of summer, so we are unable to know if it gets warm. We are going through JOC to install air curtains at all entry points into the clinic to help climate control (government estimate for the doors and air curtains is \$22K). *Operations*

73. Staff showers are installed to meet ADA. However, there is no way to prevent the shower water from running over the rest of the floor creating other problems. Slippery floors and the opportunity to get what ever is on the floor wet. This is the same for the shower in the locker rooms. The main locker rooms have not been used due to lack of lockers; those have just arrived. *Operations*
74. GFI's for the front of the building. We modified the contract so we could get one GFI installed in front of the building. This is to be used for command change of command and retirement ceremonies. *Operations*
75. A Yacht Club mast was installed in front of the command vice just a cross arm mast. We paid \$1500 to have the gaff removed. The gaff is the position of honor on the mast. However it looks odd because there is the pole that goes much higher. So not to create any problems the flag was flown at the top of the pole and not at the point of honor. It may seem minor, but it created a big problem. *Operations*
76. After we moved into the clinic, the logistics department had a camera and monitor device installed. They stated it was a regulation to monitor in that fashion. 2) Snack bar--Snack bar does not allow room for anyone to sit down. We receive numerous complaints about no place to sit for patients and staff. *Operations*
77. There are handicapped doors at the front of the building that are set on eyes. During the winter months we have had to make the doors manual to cut down on the airflow that comes in. Push button hardware should be installed so if a patient or visitor was entering the door could push for the doors to open. Push buttons are installed on the side entrance. However, there is also an eye on the door. Odd to have both. *Operations*
78. Pharmacy was installed with a drive-up window. There are two issues there: (1) the lights were installed the opposite direction of the design drawings due to sprinklers and other things that forced them to be installed in the opposite direction. This has created a dark spot at the drive-up window. 2) With cold temperatures outside, they take on great winds and low temperatures when they open that window. This has forced the staff to wear gloves, jackets, and earmuffs to perform their duties. *Operations*

79. Toilet paper dispensers. The toilet paper dispensers have control mechanisms on them that prevent the paper from being rolled off the roll. This has created numerous complaints from patients and staff. There needs to be additional phone jacks installed in common areas. We needed to convert one of our public phones into an appointment phone. This left us with one public phone. Deco lighting in the clinical areas. The lighting is cute in the clinical areas; however it does not provide good working light. The clinic was originally not designed to have window treatments in the front side of the clinic. We added them. The sun is blinding. *Operations*
80. Parking. Parking is premium. The parking lots appear to have an excessive amount of handicap parking spaces. We had already changed a few before we moved in. There was great deal of emphasis on the aesthetic of the parking lot and not so much on the use. If the islands were eliminated, that would help tremendously. *Operations*
81. Separate AC unit for the computer room. It was discovered before we came in that the computer room was not isolated off the main HVAC system. We modified the contract and had a 5-ton unit installed in the attic to support the heat load in the server room. Also there is no separate ventilation for the communication closets. With the HVAC system on economizer, the HVAC system goes down to save energy, yet the heat generators are still working the communications closets. It would be nice if they could be separated so they could be set up to run 24 hours a day, 7 days a week. *Operations*
82. Paper towel dispenser was installed in the heads per spec. However, they were just the towel dispenser and no waste container. Separate waste containers were ordered and installed. The paper towel/trash as one set up would have been nicer. Duty rooms. No mirrors called for these rooms. Key box--A key box for the front desk should be specs. We purchased and installed a small lock box for the duty crew's keys to be secured. *Operations*
83. Folks should pay attention to the furniture layout of office spaces. Our director's office spaces resembled that of a clerk. *Operations*
84. Level IV treatment room. Curtains were omitted from the design providing no privacy to the patients in that room. The room is set up with two beds. No curtain in between and no curtain to prevent people from walking by looking in at a patient receiving treatment in that room. *Operations*

85. Heat Deck. Due to our function here on base, this may be unique to us only. This base provides training to all Marine Officers. There is extensive PT that takes place here as well. During the summer months, there are several heat patients that are seen. The majority of our heat patients will come from the students out at our outlying clinics; however, now that we are in the middle of base, we anticipate treating more of the joggers running in extreme temperatures or being PT'd too much. There is no "heat deck" with building. We are going out with a self help program to build a heat deck which will include: a platform about 3' off the deck with a drain, a tent for shade, water for cooling and a fan to assist with the cooling. We do have a drain out back already near an exterior GFI. So the project will be relatively simple. *Operations*
86. Storage shed. We had a shed installed after we moved in to store our Operating Management tools and equipment. This includes: small amounts of paint for maintenance, snow blowers, extra floor mats for the entry ways, tools needed to perform small maintenance repairs, and supplies to perform out duties. There was no room designed to house any of those needed items. *Operations*
87. Artwork. The artwork that was installed is lovely. It gives the clinic a civilian look. However, it would be nice they could incorporate military themes into the artwork. For example: most hospitals and clinics have a Medal of Honor Wall. They are very expensive to have matted and framed. But if tied into the design, the commands could receive a nice product that would make the commands proud to have. Ours are currently in a box because we do not have the funding to have them re-matted and framed so they would match the décor of the new facility. Plus once we go to install them, we will need to remove artwork that was installed. A General did take a tour and he too mentioned the need to add some military artwork. *Operations*
88. Terrazzo floors. We have had numerous problems with our terrazzo floors. The contractors point fingers at each other on why it cracks; why it has gofer bumps running through it. Due to the necessity to move into the clinic on time, the clinic needed to accept the fact that the terrazzo floors had cracks and bumps in them. They were installed per spec, so we are told. However, there needs to be some serious research on how the spec was written. Was it written correctly or did they leave it to the contractors to decide the proper way to install it. *Operations*
89. GFI's near water sources. GFIs are installed in all restrooms. However, in the exam rooms, there are no GFIs even though the outlet sits less than 6' from the water source. This went round and round before we moved in. Engineers stated they did not need to be GFI. However, NEC code states they should be. We are now going to have to pay ourselves to have the GFIs installed in each exam room. I don't think this is right. *Operations*

90. Signage. Generic all-purpose signs should be installed and special tailored to each area. Because functions change so frequently all signs should be interchangeable. Maybe only the room number, a space below where the bottom part could be changed to reflect the real function of that room. *Operations*
91. Special signage. Every lab and x-ray department should have standardized signs that should be installed in those areas. This should be part of the sign job and not something that is done later. All safety and required signs should be ordered and installed prior to move in., *Operations*
92. Intrusion Detection System. The current layout has the alarm sounding into a room that could potentially be empty most of the day and always empty after hours. It was designed to be connected via a phone line to PMO, but that has not been successful. *Operations*
93. Communications closets. May be designed too small for expansion of new equipment. *Operations*
94. Telephone system. Current design requires the phone company to come out and move a phone line. It would be nicer if the system was a little more user friendly, where the facilities branch could change the phone lines around. Kind of like a switchboard unit. *Operations*
95. Treatment rooms and immunizations. There is no alarm set up in these areas for the staff to hit to call for emergency assistance if a patient codes, or has an allergenic reaction. *Operations*
96. Keying of the clinic. Due to so many changes in how the clinic will function, we have run into problems with the keying. So many last minute changes of shifting rooms around have been a nightmare in issuing keys and not losing security control. Having to provide two sub-masters to each team vice just having to issue one. *Operations*
97. Number of rooms. The layout of the room numbering is very confusing. They are alphanumeric. There are two alpha letters per hallway and those same two alpha letters can be shared over 2-3 hallways. For example one hallway looks like this: 1J08, 1J10, 1J11, 1J12, 1H04, 1H03, 1H02, 1F38, 1F36, 1F35, 1F34, 1G21, 1G24. Can you see the confusion for clinical staff and maintenance staff to find a room? *Operations*
98. Housekeeping. There should be a place for the housekeeper to store their large floor finishing equipment. They require to be in a location off the main ventilation system. *Operations*

99. Physical Therapy. Doors were designed as corridor doors with the nice glass doors that cannot be secured. We have to install curtains on the doors for privacy and have a contractor to install locks so the area can be secured. No locks on the restroom/shower entries. *Operations*
100. Corridor doors. Would be nice to be able to secure the corridor doors on first and second floors. This will prevent patients who are roaming after hours from going where they shouldn't. *Operations*
101. Expansion joints. We have had problems with walls cracking due to the shortage of expansion joints in the wall. *Operations*
102. Digital central monitoring system. The system is set up in the mechanical room 2C20. It would be better set up in the facilities manager's office. *Operations*
103. Training on digital controls. It would be nice. *Operations*
104. Cipher locks. We had to go out and pay a contractor to install cipher locks on our records department 1B18. *Operations*
105. Concrete reinforcement. Apparently a state of the art material was used to support the concrete. Well it hasn't worked well. We are still developing separations in the floor. *Operations*
106. Counter coming apart from walls. *Dental, 2A07, 2A25*

The End